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January 1975 • Vol.68 • No.1

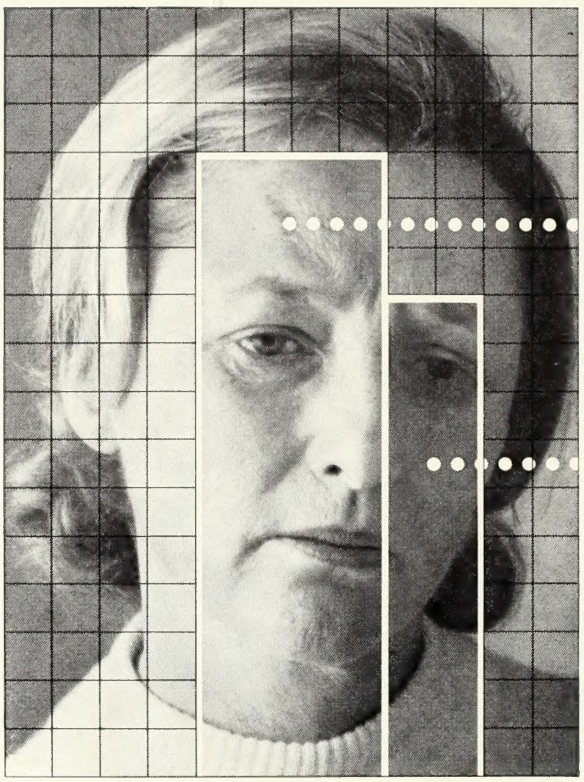
The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION
Indianapolis

Patients' Compensation Act!

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Both often



- Predominant psychoneurotic anxiety
- Associated depressive symptoms

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

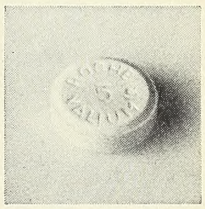
Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequenc and/or severity of grand mal seizures ma require increased dosage of standard ant convulsant medication; abrupt withdrawa may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuanc (convulsions, tremor, abdominal and mu cle cramps, vomiting and sweating). Kee addiction-prone individuals under carefu

respond to one

According to her major symptoms, she is a psychoneurotic patient with severe anxiety. But according to the description she gives of her feelings, part of the problem may sound like depression. This is because her problem, although primarily one of excessive anxiety, is often accompanied by depressive symptomatology. Valium (diazepam) can provide relief for both—as the excessive anxiety is relieved, the depressive symptoms associated with it are also often relieved.

There are other advantages in using Valium for the management of psychoneurotic anxiety with secondary depressive symptoms: the psychotherapeutic effect of Valium is pronounced and rapid. This means that improvement is usually apparent in the patient within a few days rather than in a week or two, although it may take longer in some patients. In addition, Valium (diazepam) is generally well tolerated; as with most CNS-acting agents, caution patients against hazardous occupations requiring complete mental alertness.

Also, because the psychoneurotic patient's symptoms are often intensified at bedtime, Valium can offer an additional benefit. An *h.s.* dose added to the *b.i.d.* or *t.i.d.* treatment regimen can relieve the excessive anxiety and associated depressive symptoms and thus encourage a more restful night's sleep.



Valium® (diazepam)

2-mg, 5-mg, 10-mg tablets

in psychoneurotic anxiety states with associated depressive symptoms

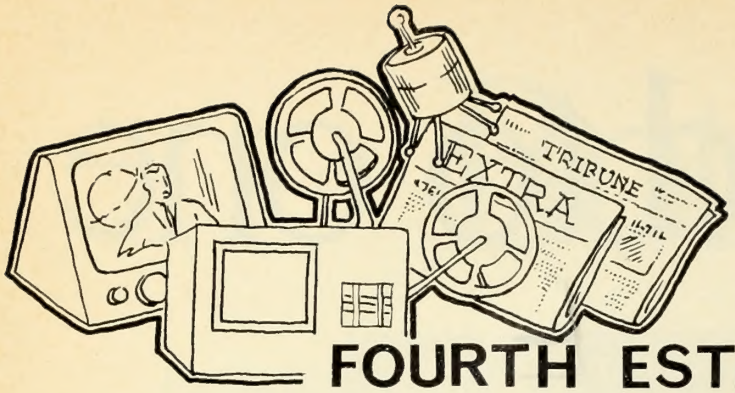
surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Paying the Piper

Over the last decade the government has paid $3.4 billion to medical schools to subsidize the education of new doctors. Now Sens. Edward M. Kennedy and Jacob K. Javits have gained approval of a Senate committee for a bill that would require all medical graduates who benefit by such aid in the future to practice for at least two years in a community where the government sends them in order to reduce the doctor shortage.

Medical schools are resisting this effort to impinge on the freedom of their graduates, but federal funds now account for about half of a typical medical school's budget. What school could afford to reject government aid for the sake of principle? If this bill is passed, it will not be the first time the medical profession has learned that when government money gets into medicine, the pills become increasingly hard to swallow.—*Muncie Press,* Sept. 25, 1974.

The Iron Fist

When Medicare and Medicaid were adopted back in 1965, assurances were given that these programs would not lead on to government control of medicine.

That guarantee, indeed, was written into the legislation. The bill explicitly said nothing in its language "shall be construed to authorize any federal officer or employee to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided."

This had a pleasantly soothing sound, and people who warned against potential government takeover were dismissed as cranks.

Less than ten years later, those early warnings of government coercion are all in the process of coming true.

The bureaucrats of the Department of Health, Education, and Welfare are deploying a massive network of "Professional Standards Review Organizations" to control the private practice of medicine down to the last detail. And the pretext, exactly according to the crank scenario, is that such control has become essential because of Medicare and Medicaid.

As just about everyone knows by now, these programs of medical subsidy have run far ahead of original estimates and are costing the nation billions of dollars in tax money. (Another warning which was blandly ignored back there in '65.) And in an effort to get these costs under some kind of control, the federal planners have come up with the PSRO scheme to regulate everything and everybody which is or "may be" financed with government medical dollars.

PSRO is a vast bureaucratic pyramid allegedly relying on doctors themselves but controlled by the Secretary of HEW. Among other things, it will maintain computerized files on doctors and patients, establish "norms" of standardized medical care and hand out punishments to medical practitioners whose treatments vary from the lowest common denominator.

HEW will also have access to medical records as it sees fit, thereby violating at its whim the confidential relationship between doctor and patient.

Justification for all this is simplicity itself. As the HEW official in charge of imposing the controls has put it: "The government is paying for a significant amount of medical care. It wants to see that the care being received is appropriate." Which is another way of saying that, within the velvet glove of federal subsidy, there always lurks the fist of federal control.—*Indianapolis News,* Apr. 8, 1974.



The patient on uricosurics: another type for Tylenol (acetaminophen)

When the patient on uricosuric therapy requires an analgesic, a new problem arises. Aspirin in the usual analgesic doses inhibits the action of uricosurics.[1,2]

TYLENOL (acetaminophen), on the other hand, causes no appreciable uricosuric antagonism[2] and for this reason is preferred over aspirin in the gout patient.

This is only one of several 'types for TYLENOL'—that is, patients who should avoid aspirin. Considering all of them, wouldn't it provide added safety (as well as added convenience) to recommend TYLENOL (acetaminophen) routinely for simple analgesia?

References: 1. Martin, E.W., et al., ed.: Hazards of Medication, Philadelphia, J.B. Lippincott Co., 1971, p. 511. **2.** Seegmiller, J.E.: Med. Clin. North Amer. 45:1259-1272 (Sept.) 1961.

Precautions and Adverse Reactions: If a rare sensitivity reaction occurs, the drug should be stopped. TYLENOL (acetaminophen) has rarely been found to produce any side effects.

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The Journal
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JANUARY 1975

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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

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Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 3266 N. Meridian St., Room 705, Indianapolis 46208. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

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Putting out the fires of arthritic pain

Rheumatoid arthritis can sometimes spread like wildfire, with joint after joint going up inflamed: "The usual onset is manifested by spotty joint involvement but an acute onset of symmetrical polyarthritis may be noted."*

If aspirin fails, consider Butazolidin alka. Giving one capsule four times a day often provides prompt, pain-relieving, anti-inflammatory action to help restore joint mobility. The results you can get within a week can be maintained on as little as one or two capsules daily.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions. For full details, please read the prescribing information. It's summarized on the back of this page.

Butazolidin® alka

Each capsule contains:
100 mg. phenylbutazone USP
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If it doesn't work in a week, forget it.



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Ragan, C.: The Clinical Picture of Rheumatoid Arthritis, in Arthritis, ed. 8, edited by J. L. Hollander and D. J. McCarty, Jr., Philadelphia, Lea & Febiger, 1972, chap. 21, p. 335.

Geigy

Fire fighter for arthritic flare-ups.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty

Indications: Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis

Contraindications: Children 14 years or less, senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy, blood dyscrasias, renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema, stomatitis and salivary gland enlargement due to the drug, polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy

Warnings: Age, weight, dosage, duration of therapy, existance of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid) Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia

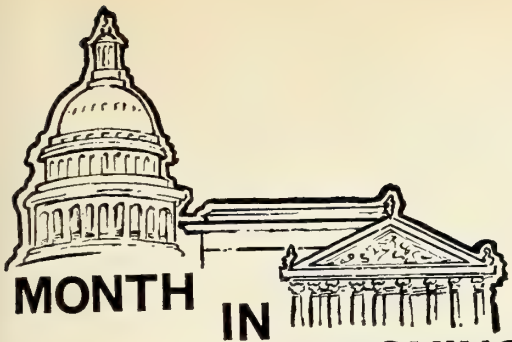
Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement

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MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

The only two crucial health bills that have an outside chance of passage in the 93rd Congress face tough sledding in the remaining "lame duck" days, mostly due to the wide differences between the House and Senate versions.

The House Commerce Committee has approved and sent to the floor for action an Aid-For-Medical Education bill requiring medical school graduates to pay back the federal government for its contribution to their education through capitation assistance or serve in shortage areas.

Another provision of the House Committee bill establishes an agency for accrediting medical residency training programs and for limiting the number of positions in each program. The total would equal 125% of the estimated number of graduates from U. S. medical schools, thus imposing a ceiling on the number of slots that could be filled by Foreign Medical Graduates. Some 7,000 residencies could be eliminated if this limitation were imposed now.

The Senate has approved a manpower bill much broader in overall scope than that of the House but the Administration, the American Medical Association, and the Association of American Medical Colleges vigorously oppose both bills. As a result of this controversy and the shortage of time remaining, both health manpower bills may founder this year.

A one-year extension of present aid programs is the alternative. The AMA and others support this latter course.

Health planning bills are also pending in the Senate and House. Both bills have been substantially modified from the original versions which called for a tough regulatory structure for the health sector similar to sanctions which now govern the operations of public utilities.

The arguments of the AMA and other groups have prevailed and a rate-setting provision has been struck from the House bill. However, the Senate bill still contains authority for government regulation of hospital rates.

The AMA opposes the Senate bill because:

■ The bill represents a mechanism for the regulation of the health care delivery system.

■ Control of the planning and regulation process would not be at the local level, but would be directed from HEW.

■ Health care would be subject to public-utility-type regulation. "There is no proven basis for adopting this extreme system of controls," the AMA asserts.

■ State legislatures would be required to adopt certificate-of need-legislation to implement state programs of control meeting the satisfaction of the HEW Secretary.

■ States would be expected to establish rates for all health services which, through regulation, could cover all institutional and ambulatory services, including professional charges. HEW is empowered to establish criteria respecting basic elements of the rate structures.

■ Control of the health sector would be federalized through the broad authority vesting such power in HEW.

■ The complicated planning program proposed in the bill "could delay health resource development and adversely affect health services," according to the AMA.

Similar but less strenuous objections were raised by AMA against the more moderate planning bill approved by the House Commerce Committee. "While the bill does not contain the original public utility type controls proposed, which included rate setting authority in the states, the bill does establish a controlled planning system embracing characteristics of a public utility type approach to the regulation of health services and facilities," according to the AMA.

"The bill should be rejected and the existing authorities for Comprehensive Health Planning and Regional Medical Programs should be extended until an appropriate alternative is developed," the AMA argues.

The great difference between the House and Senate versions of both the planning and manpower bills, the opposition of almost all provider groups, plus the time bind would seem to reduce greatly the chances of passage of either bill this year.

Ford's NHI Plan to Be Similar to Nixon's CHI Plan

President Ford has indicated that the national health

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8.	Eugene M. Gillum, Portland	James S. Fitzpatrick, Portland	June 4, 1975, Portland
9.	Milton W. Erdel, Frankfort	Harry T. Stout, Frankfort	June 12, 1975, Rensselaer
10.	Joseph M. Siekierski, Griffith	James R. Brown, Valparaiso	
11.	George W. Wagoner, Delphi	Fred Poehler, La Fontaine	Sept. 17, 1975, Delphi
12.	J. Robert Edwards, Auburn	Thomas A. Felger, Fort Wayne	Sept. 11, 1975
13.	John O. Hildebrand, Jr., South Bend	David L. Spalding, Mishawaka	South Bend



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November 1974

Dear Doctor:

We are all aware of the importance, at this time, of presenting the view of Indiana physicians on the provision of personal and community health and medical care. We are especially interested in the impact of external influences on medical practice, the cost of medical care, and availability of care in the several counties.

Your Association, utilizing funds granted by the State Board of Health, has embarked on a study to collect information which will present the physician's view. The health leadership in each county will be interviewed and this includes a significant number of practicing physicians. Anonymity of the participants will be preserved and confidentiality scrupulously observed.

We have employed Dr. A. C. Offutt, a member of the Association, to conduct this study. A Steering Committee has been appointed to direct the study. All information elicited during the study will be the sole property of the Association.

A final report will be made to the Board of Health after Association review and approval. Interviewees will be on random sample with identity and counties coded. No individual identity will be revealed. The interview will require about 30-40 minutes and will investigate facts and opinions on the current problems faced by physicians.

Your cooperation is solicited and candid response is requested if you are selected to participate. We hope that you will aid Dr. Offutt in obtaining factual information on the effect of lateral pressures on the private practice of medicine.

Sincerely,

Gilbert M. Wilhelmus, M.D.
President

insurance plan he will submit to the next Congress will be similar to former President Nixon's Comprehensive Health Insurance Plan (CHIP) which was based on mandatory coverage of workers by employers through the existing private health insurance system. In a legislative message to the "lame-duck" Congress, Ford made no pitch for action in the present Congress.

Meanwhile, HEW Secretary Caspar Weinberger has been meeting with principal medical and health care providers, including the AMA, in an effort to arrive at some sort of consensus with respect to a NHI bill.

The AMA has provided the Secretary and other providers with a 14-point set of principles that it believes essential in any NHI plan. Approved by the AMA Board of Trustees, these NHI guidelines are:

1) minimum federal involvement in administration of any national health insurance program

2) state jurisdiction with respect to licensure and certification of professional health personnel and regulation of insurance

3) minimum federal dollars in financing of programs for comprehensive coverage at least possible cost

4) funding through federal, state and private funds including (a) employer-employee contributions for private health insurance and (b) an individual tax credit as applied for full health care protection

5) no added Social Security tax for financing

6) no administration by Social Security

7) cost sharing by participating individuals and families and a subsidy for the indigent scaled according to income

8) use of private insurance on risk and underwriting basis

9) comprehensive coverage, basic and catastrophic, for the entire population

10) pluralism in methods of health care delivery

11) cost controls as appropriate

12) quality controls as appropriate

13) continuity of benefits

14) coordination of benefits

Government Reveals Its Plan to Encourage Use of Lower Priced Drugs in Medicare and Medicaid Programs

The Government has issued its long-promised regulations to encourage purchase of lower priced drugs for the Medicare and Medicaid programs, and introduced a new wrinkle—a drug price information bulletin to be sent to all physicians.

Major impact of the regulations—if finally carried out—would be on physicians and pharmacies dealing with Medicaid patients and their outpatient drug benefits. The inpatient Medicare program involving hospital drug purchase would be less affected. However, the long-range implications of the HEW Department's plan in event of a National Health Insurance Plan are significant. HEW would clearly attempt to extend something like the Medicaid proposal for outpatient drugs to any national program that reimbursed such costs.

The new regulations are aimed at reimbursement for the lowest price drugs available where the drugs are chemically identical. The limit is termed "maximum allowable cost," or MAC. Physicians prescribing for Medicaid patients would have to prescribe the designated drug or certify the necessity for prescribing a more expensive drug and give reasons.

HEW gave interested parties 60 days to comment on the proposals. After that, and assuming the final regulations are little changed, the only possibilities for blocking the drug pricing plan would be court action or legislation. A Food and Drug Administration spokesman told a news conference the HEW Department has "ample legislative authority" to promulgate such regulations. He estimated the plan would save federal and state governments at least $89 million a year when fully implemented in several years.

Pharmacists would be limited to their actual acquisition cost plus a dispensing fee. According to HEW, pharmacists in many state Medicaid programs are presently reimbursed on the basis of a published wholesale price "which may be more than 15 percent higher than the actual cost of acquisition."

Under the proposal, HEW would concentrate on the 200 most widely used drugs. Some 12 to 20, if all goes according to plan, would be placed on the MAC list this summer.

The reimbursement plan would have the greatest impact on drugs that aren't presently under patent protection and therefore come from several sources, about 40 of the top 200 fall in this category.

A Pharmaceutical Reimbursement Board would be set up at HEW to determine the maximum allowable costs. FDA would have to establish bioequivalence to its satisfaction. An advisory committee would have a shot at the data and the recommendations before they were proposed formally.

The Pharmaceutical Manufacturers Association (PMA) said that though it recognizes the need to hold down federal spending, it believes many questions and problems are involved in the proposals. One is the professional role of the pharmacist and the physician in the prescribing process, according to the PMA. Another worry is the possible discouragement of innovation and improvement of drugs, PMA said.

Provisions Affecting Physicians, Patients Dropped from Mini-Tax Reform Measure

Tax provisions that would have affected physicians and patients were dropped from the "mini-tax" reform measure recently approved by the House Ways and Means Committee, ending chances of these provisions reaching enactment any time soon.

Continued on page 19

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

KEEP THE HYPERTENSIVE PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH DYAZIDE®

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Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

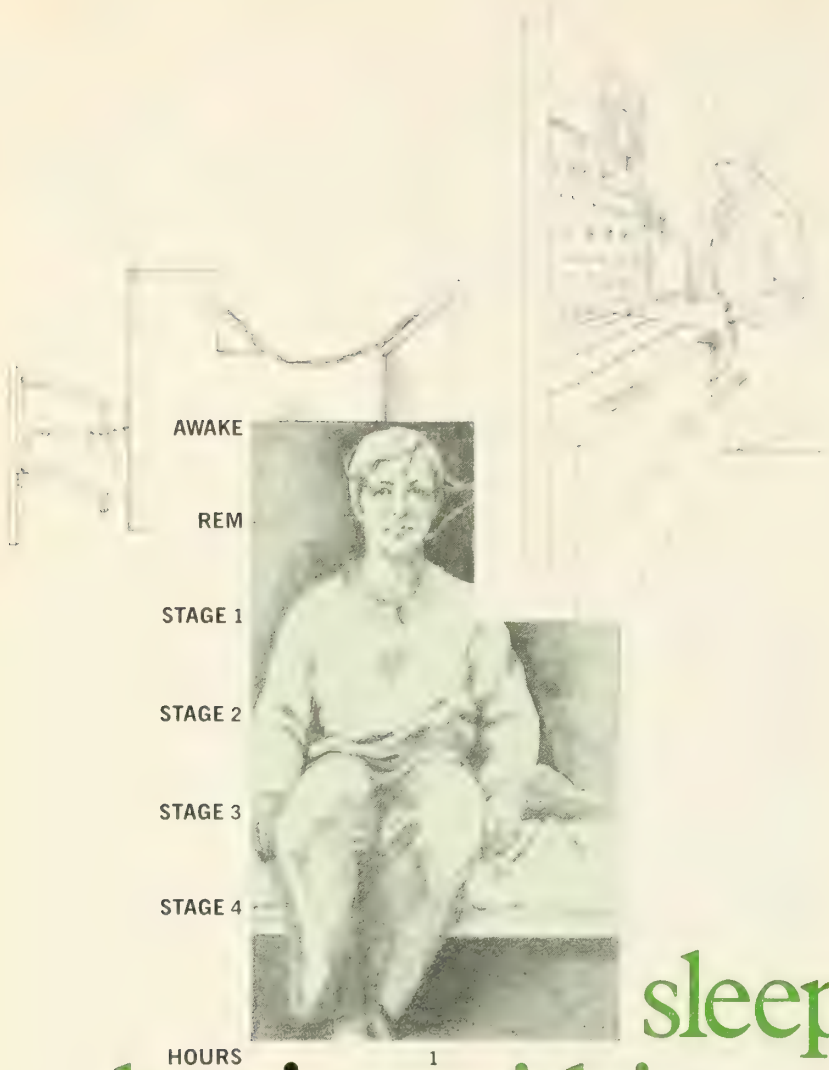
Just 'Dyazide' once daily or twice daily
No inconvenient potassium supplements
Nor special K^+ rich diets needed as a rule



Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

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sleep begins within 17 minutes, on average ...

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(flurazepam HCl)

proved by a 22-night clinical study of insomnia patients in the sleep research laboratory and at home[1]

Three insomnia patients selected for difficulty falling asleep were administered Dalmane (flurazepam HCl) 30 mg for 14 consecutive nights. Placebo was given for four nights prior to and four nights after Dalmane. Physiologic tracings on Dalmane nights 1-3 showed sleep induction time averaged 13.90 minutes; on Dalmane nights 12-14, 18.80 minutes. Combined average for the 6 monitored drug nights was 16.35 minutes.[1]

Average Time Required to Fall Asleep (4 Studies, 16 Subjects[2-5])



confirmed by clinical studies in four geographically separated sleep research laboratories[2-5]

Using a 14-night protocol involving eight insomniac and eight normal subjects, four studies confirmed the sleep-inducing effectiveness of Dalmane (flurazepam HCl) and the reproducibility of this response. On average, one 30-mg capsule induced sleep within 17 minutes. In all these studies, Dalmane induced sleep rapidly, reduced nighttime awakenings, and provided 7 to 8 hours of sleep without repeating dosage[2-5]

Dalmane (flurazepam HCl) induces and maintains sleep, with relative safety

Dalmane is generally well tolerated; morning "hang-over" has been relatively infrequent. While dizziness, drowsiness, lightheadedness and the like have been noted most often, particularly in the elderly and debilitated, physicians should be aware of the possibility of more serious reactions, as noted below.

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.
Contraindications: Known hypersensitivity to flurazepam HCl.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.
Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.
Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.
Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.
Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.



when restful sleep is indicated

Dalmane®
(flurazepam HCl)

One 30-mg capsule *h.s.* — usual adult dosage (15 mg may suffice in some patients).
One 15-mg capsule *h.s.* — initial dosage for elderly or debilitated patients.

- induces sleep within 17 minutes, on average
- reduces nighttime awakenings
- sustains sleep 7 to 8 hours, on average, without repeating dosage

REFERENCES: 1. Kales A, *et al*: *Arch Gen Psychiatry 23*:226-232, Sep 1970
2. Karacan I, Williams RL, Smith JR: The sleep laboratory in the investigation of sleep and sleep disturbances. Scientific exhibit at the 124th annual meeting of the American Psychiatric Association, Washington DC, May 3-7, 1971
3. Frost JD Jr: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ
4. Vogel GW: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ
5. Dement WC: Data on file, Medical Department, Hoffmann-La Roche Inc, Nutley NJ

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Lomotil usually stops diarrhea promptly. This rapid action halts the emergency aspect of diarrhea and is comforting and reassuring to the patient. Electrolyte and fluid losses can be corrected while the specific cause of the diarrhea is being determined. If an infective agent is the cause, appropriate antibiotic therapy should be given along with Lomotil.

Lomotil has few side effects, and those that do occur are generally mild.

Lomotil®
TABLETS/LIQUID

Each tablet and each 5 ml. of liquid contain:
diphenoxylate hydrochloride 2.5 mg.
(Warning: May be habit forming)
atropine sulfate 0.025 mg.

Usually stops diarrhea promptly.

IMPORTANT INFORMATION: *This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.*

Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

Adverse reactions: Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

Dosage and administration: ***Lomotil is contraindicated in children less than 2 years old.*** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

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The provisions chopped from the bill included a proposal to eliminate the present deduction for one-half of the premium cost for private health insurance up to $150; a plan to deny business treatment for conventions or meetings arbitrarily held in exotic foreign locales; and a recommendation to place a deductible in front of legitimate business expenses for such items as professional dues, books, etc.

Federal Government Providing 33¢ of Every Health Care Dollar Spent in U. S.

The federal government is now providing 33 cents of every health care dollar spent in this country, according to a unique report made annually by the AMA-Washington office.

Actual dollar outlays in any given year may vary considerably from the appropriations provided by Congress, but the appropriations figure used by the AMA gives as accurate a guideline as any other yardstick available on the nation's year-to-year health spending.

During the fiscal year that ended last July, the federal government disbursed more than $32.7 billion for health, up $2.6 billion from the previous year, plus more than $12 billion for disability programs. Total spending from all sources on health was estimated at about $100 billion.

The federal tab for the current fiscal year, ending in July 1975, is slated to register a sharp jump as new federal programs get going and increased overall health care costs are reflected.

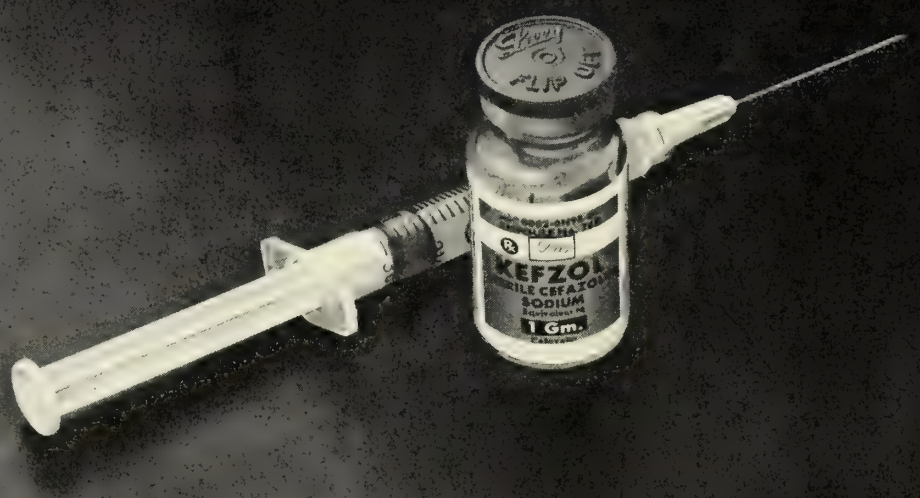
The HEW Department leads the list of government health spenders with $23.7 billion appropriated last fiscal year for its many health activities, including Medicare and Medicaid. Next in line were Defense, $3,065,-274,500, and Veterans Administration, $3,016,853,-000. Fourth and fifth slots are occupied by relatively recent federal activities—the Federal Employees Health Insurance program, $696.6 million—and the Environmental Protection Agency, $528.9 million. Agriculture comes next at $302.7 million for animal disease control, research, meat inspection, etc. (not counted are $7.8 billion for health related programs of food for school children, and rural housing, water and waste disposal activities).

Medicare is the single largest federal health plan moneywise. Though financed out of Social Security taxes, it technically remains an appropriation that must be approved by Congress each year. Cost of Medicare last fiscal year was $12.1 billion, a $2.5 billion increase due to increased utilization, higher costs and the new program for the disabled, including kidney disease patients, which accounted for $1.25 billion.

Of the Medicare total, almost $3 billion was paid out for the supplemental insurance plan for outpatient benefits. Half of the premium is paid for by the beneficiaries. ◄

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 68—January 1975—Number 1

Indiana's Medical Liability Problem

WILLIAM R. CAST, M.D.
Fort Wayne

As should be well known by now, the House of Delegates of the ISMA created a special committee on medical liability insurance in response to the request of its membership. This committee was directed to have a plan for action within 30 days and to report to the Board of Trustees within 60 days. The Committee and its Subcommittees met on several occasions in Indianapolis and the ISMA headquarters was the location of an unusual open meeting of the Board of Trustees, Nov. 23 and 24. The remainder of this article will deal with the purpose and results of that meeting.

What is the crisis in medical liability insurance? The crisis is unavailability of insurance to cover medical liability in groups III, IV, and V but primarily anesthesiologists, emergency room physicians, neurosurgeons, orthopedists and plastic surgeons. While this is the crisis, it is by no means the total problem and perhaps not even the most important part of the problem. Unavailability, however, is that feature which causes the most drastic and visible dislocations in our health care delivery system. In tandem with nonavailability is the corresponding problem of cost of insurance with its naturally following effect on the economics of health care.

It would not be possible to assign a single cause for this crisis; however, there was a single precipitating factor. Problems in medical liability have been building for years in the form of rising numbers of claims, unreasonable awards and changing social attitudes in regard to law suits. The movement towards crisis has only been accelerated by recent changes in legal doctrines such as res ipsa loquitur, erosion of the locality rule, destruction of the statute of limitations, changing definitions of discovery, the near impossibility of informed consent, and the narrow view of awards without regard to collateral sources of payment. None of these changes would have been likely to have caused immediate disruption of the insurance market without the recent depression of the stock and bond markets. These economic reverses caused imbalances in the ratio of portfolio reserves and premium income and profit for the insurance companies. In response to reduced surpluses, casualty insurance companies immediately began to change their "book of business," and a convenient area of underwriting problems to be eliminated was medical liability, especially the concentrations in Classes III, IV, and V. While few policies have been cancelled, it has been the stated policy of most companies not to renew in these areas generally and not to write new policies in any class, except in special circumstances.

Indiana's insurance market, like many midwestern markets, is dominated by the presence of the Medical Protective Company of Fort Wayne which insures more than 60% of Indiana's physicians. The other major force in the industry has been St. Paul, which has written about 23%. When about midyear, St. Paul and Hartford withdrew from the marketplace, other companies followed in domino fashion to avoid an uneven concentration of business; Medical Protective Company found itself unable to take on any new business because of its own internal situation and only a few companies remained available in Indiana writing insurance.

One policy was available for emergency room physicians through the American Academy of Emergency Room Physicians and two other companies were still accepting applications for anesthesiologists. Lloyds of London has announced unwillingness to underwrite anesthesiologists, and has shown no interest in reinsuring any association-sponsored plans in the United States.

Dr. Cast is chairman of the recently appointed ISMA Committee on Professional Liability.

Our Medical Association has contacted the 31 companies presently underwriting group plans of medical liability insurance and has found none willing to entertain such a plan in Indiana. Many others, both domestic and international, have been contacted with the same result.

The reasons given by the insurance companies for their lack of interest in the market are low profit margin (or possibly loss), uncertain liability due to a lack of effective statutes of limitations in this market (pediatric patients may be eligible to bring suit until several years after their age of majority), the high cost of settling claims, and the high cost of awards. They have, in the past, offered a contract based on "occurrence." This means that the occurrences of liability which have taken place in any one year are covered from that point onward, no matter how many years might elapse between the incident and filing of a suit.

Lloyds of London and, more recently, other companies have underwritten medical liability with a "claims-made" policy which instead insures any claim made during that particular year of coverage, but does not cover the occurrence following expiration of the policy unless a special premium is paid, or unless another claims-made policy is purchased. While this solves one problem for the insurance company, namely that of incurred claims which have yet to be reported, it leaves the physician irreversibly wedded to the claims-made concept with no guarantee of continuing coverage for services which were rendered in previous years. This is especially a problem at retirement and particularly so with regard to pediatric services involving perhaps 20 years of exposure.

At the meeting of the Board of Trustees, several lines of action were approved. It will naturally be necessary to define our problems statistically and to continue to do studies. To this purpose the Commission on Rural Medicine, which area will be most seriously affected, has been mandated to continue the study of the problem.

The Commission on Public Education has been notified and each Trustee district is being organized with primary attention to the County Medical Societies to spread knowledge of the problem and to seek to collect more data. It will be necessary for these groups to learn the side effects of both the liability problem and the insurance problem.

As to likely effects of the problem, one would expect early retirement of some physicians. This could be critical in areas where older physicians form a vital part of the health force. One also would expect many physicians, especially in rural areas, who are doing part-time work such as anesthesia or obstetrics, more as a service to the public than by personal preference, to balance their small volume of income from this work against the high cost of premiums needed to continue. This will likely result in a contraction of medical services available in all areas with the emphasis on the rural areas.

We have already seen difficulty in recruiting young doctors to the state of Indiana, with numerous cities reporting to the Association that physicians who had planned to come to their area had gone elsewhere because of the unavailability and cost of insurance. Already Indiana physicians in "border" counties have left to practice across the state line so as to become more easily insured; this is especially common where a major city lies across the state line.

We have seen Emergency Rooms plan to close because of lack of coverage of the attending physicians, and we would expect this to be a continuing problem since the bulk of policies due for renewal have not yet "come up" at the time of this writing.

One would expect problems with bed utilization and possible closing or limitation of surgery in some hospitals, due both to lack of some specialty surgeons and to the key loss of anesthesiologists. We have not yet seen the full effect of this crisis in Indiana; it has only been foreshadowed.

The delicate balance existing between costs of providing care and costs of training doctors has also been disrupted. Even though liability insurance remains available to hospitals, recent quotes are up 150% to 250%. A major Fort Wayne hospital reports an increase from $90,000 to $195,000; a major Indianapolis hospital from $105,000 to $360,000; and another large city hospital is reported to have paid $365,000. These facilities must consider whether the increased liability derived from exposure to training programs is worthwhile; some programs in Classes IV and V may be dropped. At the University School of Medicine some departmental budgets report 25% of salary costs to be for insurance. New policies requiring deductibles will cause funds to be set aside for defense which will only increase budget costs for insurance. The result will be dismissal of teaching staff doctors. Already money earmarked for research facilities in orthopedics has been diverted for insurance costs, according to the departmental chairman.

Perhaps the greatest financial cost to the community will be the continuing waste of health care dollars due to the practice of defensive medicine. Defensive medicine must be defined carefully so that expanded services resulting in appropriate advances of quality care are not included in this category. However, most recent studies confirm what most practitioners privately acknowledge, which is, that extra x-rays and extra tests and extra consultations and extra hospital days, are often the direct result of the doctor protecting himself. An interesting study in a Michigan hospital showed that in the commonly wasteful area of emergency room medicine, skull films are usually taken of any head injury. This resulted in only 20 positive skull x-rays out of a series of 1,280. Of the 20 positive films, 18 were so

minor as to not affect the clinical care (which would have been determined by clinical signs in all cases). Two films showed depressed skull fractures which had been diagnosed prior to x-rays. This, and many other similar examples are clearly cases of abandonment of judgment and cannot be dealt with by the medical community as long as there is widespread fear of lawsuit. The Board of Trustees has recommended a continuing ISMA study on the practices of defensive medicine with the hope of eliminating waste.

What is the short term solution to the current problem in the absence of any economic upsurge which would make the insurance companies more willing to write the risk as was previously done? The Association is examining group insurance. It has not been possible to find an underwriter for an occurrence type policy, and it seems possible that a claims-made type policy with certain modifications may be negotiated. It has been rumored that the St. Paul Company will return to the market in Indiana with a claims-made type of policy. This type of policy for a group may be acceptable if there are certain modifications which guarantee the physician continuing coverage and the ability to retire with coverage well into his retirement. An insurance committee has been formed with some members from the ISMA Commission.

At the time of this writing the Insurance Commissioner is reported to have negotiated a treaty with the liability carriers which will ask the companies to renew their own policies for a few months until the legislature can act.

The permanent solution is not more insurance, larger premiums, larger awards, and higher cost of health care. The present system is in the process of a total breakdown and modifications of this system will be necessary. The only avenue to the solution is legislative. The Association hopes to present our problem to the legislature and is well into the preparation of a legislative package with the cooperation of all interested health care providers. The Association feels that swift and equitable payment should be made to those individuals who are injured through negligence and that the premium dollar should be eroded as little as possible by administrative costs and attorneys fees. At the present time, it is estimated that only 18 to 23¢ of the premium dollar reaches the patient, the lion's share of 52¢ being taken up in legal fees. It is our hope that the legislators after examining the deleterious effects of this problem in their own communities will choose to see medical liability cases decided quickly on their merit by knowledgable and impartial persons, and not in an atmosphere dominated by emotion, and without consideration of other sources of income for the care of the injured. We believe that this is not the physician's special problem but a serious problem for the citizens of Indiana, and we are confident that our elected representatives will be interested in its rapid solution. ◄

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This Practice Will Be Closed After May 31

KENNETH M. LEHMAN, M.D.
Topeka

I have decided to close my practice in Topeka as of 1 June 1975. At the age of 54 I am hardly ready to retire and, in truth, can scarcely afford to. I have no firm plans for the future beyond an extended vacation. This painful decision has been reached after much heart-searching as it seems the only way to deal with an untenable situation.

Since the third suit charging liability on my part has been filed, I have felt as if I were constantly peering over my shoulder to see what was coming next, and I cannot continue to practice medicine under such circumstances. These three cases cause me much distress because I feel that in my best medical judgment I would treat each of them exactly the same, should the same situation arise.

Since the first of these cases came to trial and resulted in the jury finding for the plaintiff in a closeted session marked by repeated hoots of laughter as if the case were a big joke, I can have no faith whatsoever in the jury system as a means of determining whether proper medical care has been provided. The Constitution of the United States guarantees each citizen judgment by his peers. Trial by a jury made up exclusively of lay people, when medical evaluation is required, does not extend that protection to the health-care professions. When more credence is given by a jury to carefully rehearsed emotional outbursts, irrelevant histrionic tirades and fabricated insinuations than to knowledgeable expert opinion, a basic change becomes necessary.

I have spent more than 26 years practicing medicine in Topeka where I felt I was needed. At present LaGrange County has about 3,000 people for each physician, a ratio that places it among the 17 counties in Indiana having the largest population per physician. I have made an effort to keep up with new developments in medicine. I have been a member of the American Academy of Family Physicians since 1953 and in 1973 was made a Charter Fellow of the Academy. I have been a member of the active staff of LaGrange County Hospital since it opened in 1950. I was the first physician appointed to the hospital's Board of Trustees and served from 1972 until early 1974. Our county medical society, though small in membership, has made considerable effort to police our members and to maintain the highest standards of medical care for all patients.

In spite of this endeavor to practice quality medicine, I now find myself a victim of the gradual but steady process in which the courts have systematically stripped physicians of legal protection. The courts have set precedents with the force of law which require the physician to think first of protecting himself rather than of practicing the best possible medicine. Judicial decisions have constantly changed the rules in the middle of the game so that no one can determine the score. Patients indeed have rights, but so do physicians. I have been fortunate in having a large majority of patients who trust me, but the few who consider the doctor fair game are depriving my valued patients of the care which I have enjoyed supplying.

It is my opinion that this change in the climate in which we practice medicine is one symptom of the sickness of society in general. Trust, honor and truth are often transformed into distrust, expediency and the notion that any means is justifiable to achieve ends which seem momentarily favorable to oneself. The rise of consumerism has given some people the idea that they have a right to instant, perfect results in every medical situation, disregarding their own responsibility and the risks that any medical procedure involves. It even assumes the repeal of the ancient law that a human being "is appointed once to die."

Liability insurance difficulties have brought this problem to the attention of physicians, to the Indiana

Dr. Lehman's devotion to his community and to the interests of mankind have been demonstrated to an uncommon degree by his civic enterprise. He spent three weeks in Bolivia in 1970 working in the Methodist Hospital in LaPaz. He was a volunteer physician in Vietnam in September-October 1966 and has spoken on this program 80 or more times. He was a member of the first Health Board in his county. He is a trustee and treasurer of the Topeka United Methodist Church. He was scoutmaster of Topeka Troop for two years and is holder of the coveted Silver Beaver Award.

State Medical Association, and, belatedly, to the general public. The time has come when fewer medical services can be offered in progressively fewer places unless some type of protection can be assured to physicians and other health-care providers. It is of paramount importance to the citizens of Indiana that this crisis be recognized for what it is and that a solution be developed as quickly as possible.

A bill which offers hope is in preparation to be submitted to the 1975 session of the Indiana General Assembly. It proposes a Patient Compensation Board to adjudicate claims against a physician or other health-care provider. This should make it far easier, quicker and less expensive for a patient who should be compensated for some injury or loss to get relief than is possible under the present illogical, often inequitable and always unpredictable system of trial by jury. On the other hand, it would assure physicians of judgment by their peers.

The present critical situation demands action by the legislature as soon as possible, certainly in the 1975 session, to preserve any semblance of health care in Indiana. ◄

Topeka 46571

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—November 1974

Disease	Nov. 1974	Oct. 1974	Sept. 1974	Nov. 1973	Nov. 1972
Animal Bites	623	981	894	753	717
Chickenpox	368	139	53	192	503
Conjunctivitis	177	186	140	268	181
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	95	75	101	87	42
Gonorrhea	4127	986	1163	1315	1564
Impetigo	180	265	252	241	207
Infectious Hepatitis	83	47	44	55	59
Infectious Mononucleosis	167	78	68	160	136
Influenza	3456	3488	2546	3105	3211
Measles					
Rubeola	18	15	17	28	51
Rubella	23	31	41	38	53
Meningococcic Meningitis	2	2	2	2	2
Meningitis, Other	4	3	8	4	3
Mumps	206	36	21	193	130
Pertussis (Whooping Cough)	6	6	3	5	3
Pneumonia	436	434	290	700	466
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1195	1054	1007	1560	1424
Syphilis					
Primary and Secondary	26	13	10	23	37
All Other Syphilis	107	75	109	135	106
Tinea Capitis	49	20	11	14	5
Tuberculosis (Active)	50	46	31	68	61

Malpractice

See It As It Is It Is Sick!

JACK W. HANNAH, M.D.
Elkhart

MEDICAL liability has become a plague of epidemic proportions. Society is sick, some of the courts are delirious, the plaintiff attorneys are feverish, insurance companies in the field are moribund, and doctors are desperately trying to maintain some degree of immunity by injecting defensive medicine into their practice in ever-increasing doses.

Society has become permissive. Many of us can remember when there were two great taboos in society. One was to be "on the dole," and the other was to be a "party in court." Today, our major problems in medicine stem from the "Great American Way" of getting for free all that one can from the dole (welfare) or from the courts, and the ways to accomplish this are becoming increasingly easier.

The Courts have gone beyond the realm of reason. An example is the unanimous decision of the Washington State Supreme Court, which based its verdict on the principle of strict liability, that is, *liability without fault,* with the decision awarded to the party that could least afford to bear the loss. They said that "Strict liability serves a compensatory function in situations where the defendant is, through the use of insurance, the financially responsible person." In other words, that court found the defendants guilty of little more than practicing medicine and carrying insurance at the same time. If our courts want "liability without fault," let's help them get it by appealing to our legislature to take the harassment out of medicine by creating another "no fault" insurance area. It is no wonder that Senator Barry Goldwater is willing to contend that malpractice suits should be outlawed.

We do not fault our insurance company for wanting to refuse to renew our policy. It is in business to make money, and it will stay in business as long as it can make money. The courts, particularly by breaching the statute of limitations, have removed "predictability," an essential ingredient in insurance, so that there can be no individual basis for medical liability insurance today. The insurance companies apparently have been operating on a loss ratio basis with good reserves. With their reserves in jeopardy, the well known companies want out. The "premiums" being quoted to us today appear to be from gamblers who feel that they can live with that amount and have set the premiums at a level that they feel some spastic physician will pay. The premium for insurance was $2,000 last year, and they want $20,000 this year. Where does it stop? You have insurance today. Next year the company is bankrupt, as in Texas last year. You can get a suit the following year based on injury today. Where is your coverage?

They have informed us that there is no pool of companies to cover that bankrupt one in professional liability. You carry $100,000. The average judgment last year exceeded $200,000. Why cover the first hundred thousand when the second hundred thousand will wipe you out? So they recommend $5 million coverage.

To me, the best thing that could happen to all of us in medicine would be for all insurance companies to pull out of medical liability in Indiana. It would start the process of relief from the medical liability mess in one big hurry.

Personally, I am embracing the principle that insurance was designed to cover a loss. With good estate planning there is little to lose, so there is very little need for insurance for those of us in the age bracket where it is not too important that we continue to practice. If society and the courts want to wipe us out of medicine, let them have at it!

Dedication is nothing more than a desire to do something. That desire can be removed easily, so politicians should not rely on dedication in medicine. Doctors will quit the practice of medicine when the patient ceases to be a human being for whom they have compassion and becomes only another threat to that doctor's security.

We need to retain our humor. When I walk into the operating room to give an anesthetic for an average fee of $70 I am asked to risk that $70 against more than I can earn in a lifetime, and I have to do that several times a day. I am proclaiming that I can get better odds than that at Las Vegas, and enjoy every minute of it. I intend to do everything in my power to try to change those odds.

Assess you own situation and try the diagnosis of "justifiable paranoia" on yourself. You, the physician, are being persecuted, and you know it—so do something about it, or enjoy it! ◄

1906 E. Jackson Blvd.
Elkhart 46514

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 14-19, 1975
Place Atlantic City, N.J.

INDIANA CHAPTER, AMERICAN COLLEGE OF SURGEONS
Date Apr. 30-May 3, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS, INC., STATE OF INDIANA
Date Apr. 25-27, 1975
Place Clarksville

AMERICAN LUNG ASSOCIATION OF INDIANA
Date Apr. 28-30, 1975
Place Marriott Inn, Indianapolis

INDIANA CHAPTER, ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS
Date Apr. 6, 1975
Place Holiday Inn West, West Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE NURSES ASSOCIATION
Date Oct. 16-18, 1975
Place Atkinson Hotel, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 18-23, 1975
Place French Lick

INDIANA DENTAL ASSOCIATION
Date May 10-13, 1975
Place Indiana Convention-Exposition Center, Indianapolis

INDIANA ORTHOPAEDIC SOCIETY
Date Mar. 21, 1975
Place Michigan City

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, INC.
Date Apr. 30-May 2, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

INDIANA HEALTH CAREERS, INC.
Date Apr. 10, 1975
Place Stouffers Indianapolis Inn

If an NHI program were enacted, physicians' and dentists' offices would be swamped, costs would be in the billions of dollars and there would be little effect on the life expectancy or general well-being of Americans, according to a report by the Rand Corporation, Santa Monica, Calif. The report, published in a recent issue of the **New England Journal of Medicine,** is based on two prototypical national health insurance plans, one providing full coverage and one containing a 25% coinsurance provision. Under the full-coverage plan, the demand for physicians' services would be increased 75%; the demand for hospital services would be increased 5% to 15%; and costs for inpatient and ambulatory services would be increased by $8 to $16 billion. Under the coinsurance plan, the demand for physicians' services would rise 30%; the demand for hospital services would increase 0% to 8%; and costs for inpatient and ambulatory services would rise by $3 billion. The report notes that estimates are conservative, are not corrected for general inflation, and are based on the assumption that supply would equal demand.

$30 million will be awarded by the Robert Wood Johnson Foundation to approximately 60 community hospitals and their medical staffs to assist in establishing primary care group practices over the next five years. About 900 community hospitals have received invitations to submit proposals. The awards will be announced in 1976. Every state is expected to have at least one program in which groups of three or more full-time physicians offer round-the-clock primary care for up to 15,000 people each.

Patients' Compensation Act

THE legislature will soon be considering a bill under the above title which would establish an Administrative Board to adjudicate unsettled claims of professional negligence in the health care field and award monetary damage when appropriate.

The provisions of the bill would apply to all duly registered health care providers—defined in the bill as "any person, corporation, facility or institution duly licensed by the state to provide care or services as a physician, osteopath, registered nurse, hospital, dentist, optometrist, podiatrist, chiropractor or health facility."

The bill creates the presumption that all patients agree to file any grievances before the Compensation Board except in the cases in which the patient, prior to being accepted as a patient by a physician or other health care provider, rejects the Act in writing, in which event the civil courts would have jurisdiction.

Health care providers would remain under the jurisdiction of the civil courts unless they register with the Board and provide evidence of a valid license to practice, together with evidence of satisfactory professional liability insurance coverage or the financial ability to provide their own coverage. The Act will require payment of a registration fee which would vary with the several varieties of providers, and which would, in the sum total, provide the funds necessary for the administration of the Board.

Awards for damages would be categorized and limited to that which is customary in common law. Attorney's fees would be limited and would be specified on a sliding scale of percentages of the award.

The Board would consist of two panels, each with an attorney, a physician and a lay person. The first stage of appeal from the findings of a panel would be to the entire Board. Further appeal would be to the Appellate Court of Indiana.

In the cases which involved providers other than physicians, the physician on the panel would be replaced by the proper health professional.

The Compensation Act will, in the opinion of its authors, do the following:

1. Guarantee the availability of a properly staffed hospital emergency room when it is needed.
2. Guarantee availability of a specialist's care when it is needed.
3. Reduce the cost of hospital and doctor bills.
4. Assure that the doctor and hospital are insured or otherwise financially responsible.
5. Provide a readily available forum for having a claim judged, and quick judgment with few complications.
6. Allow collection for any and all elements of damage, including punitive, with reasonable limits.

Another advantage of the act, in this day of fantastically escalating insurance cotss and the inability of some physicians to obtain insurance policies at any cost, is that it will, by placing limits on liability, make it possible for insuring companies to estimate their risks and predict their liability, and thus be able to write policies at reasonable costs. ◄

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924-1535 Res.

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353-0024 Res.

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663-0401 Res.

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812
653-3539 Res.

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219
423-1602 Bus.
747-6453 Res.

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R.R. 3
Fowler 47944
317
884-0810 Bus.
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812
749-3466 Res.

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664-7421 Bus.
948-9353 Res.
948-5331 Res.

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317
283-8839 Bus.
283-6934 Res.

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743-5363 Res.

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Williamsport 47993
317 762-6334 Res.

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219 838-5480 Bus.
931-4399 Res.

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Fort Wayne 46802
219 422-9738 Bus.
744-6316 Res.

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987-3244 Res.

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938-6132 Res.

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President's Page

The Indiana State Medical Association wishes the health field to progress in many ways regarding the Medical Liability Problem in the state of Indiana. One must remember that the first requirement for such progression is cooperation, teamwork, the united effort, and the sincere support of all of us in Indiana.



This Medical Liability crisis should generate cooperation among the legal and medical professions, the insurance industry, government bodies, the news media, and the general public—because all of us are striving for the same goal. Because of the severity of the crisis, or as someone has stated, a cancer in our midst—the committee I appointed to review the Medical Liability Problem in this state has worked diligently, and I want to congratulate them on the amount of time, effort, and energy they have given this problem.

It was noted that we have two major problems in medical liability:

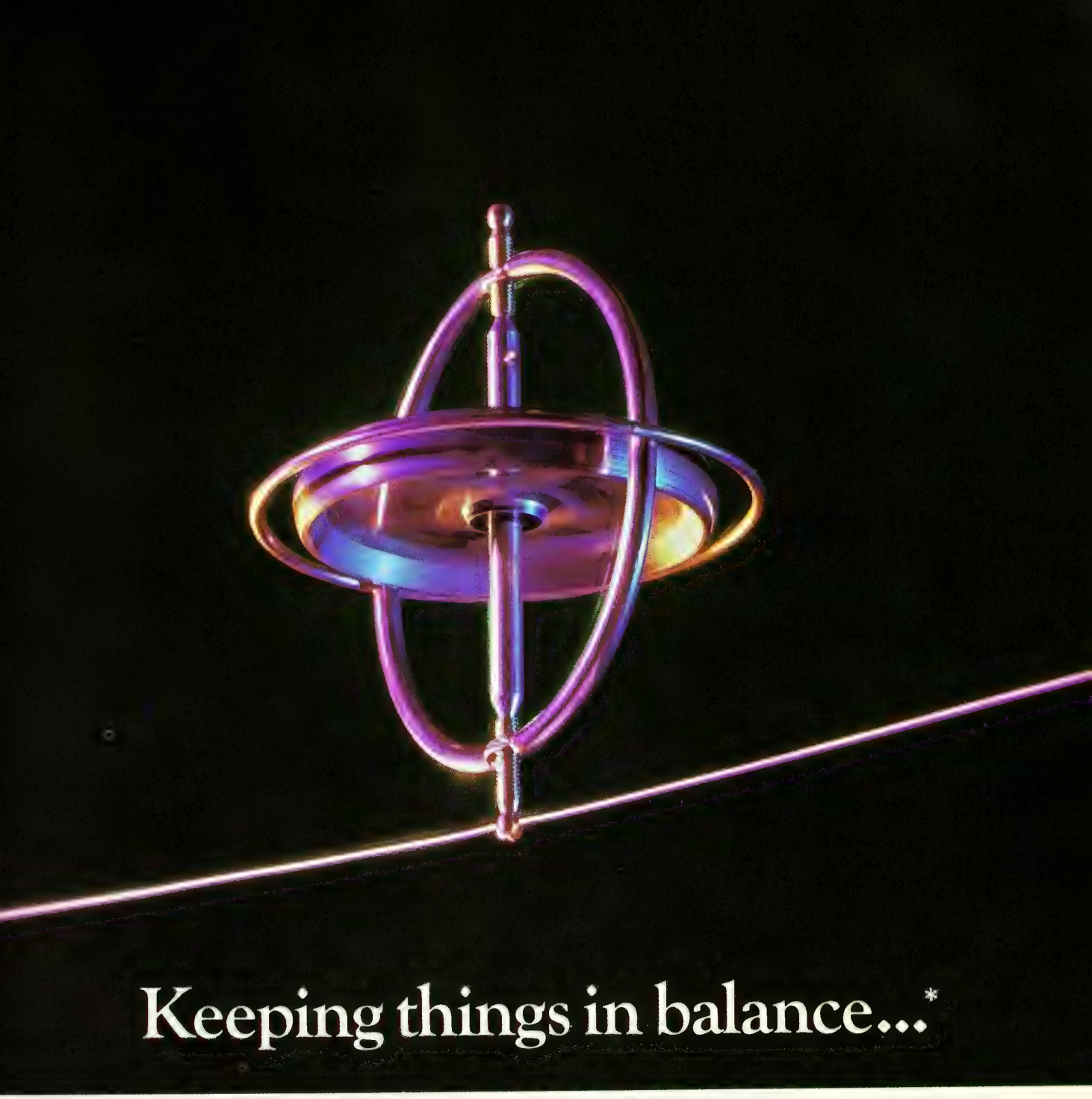
PROBLEM #1: The increasing number of medical litigations which are occurring and the amount of settlements which are present. This has been aptly brought forth by the number of litigation suits which are pending. As a result, the physicians must practice defensive medicine. This has elicited unnecessary laboratory tests, x-rays, etc. With the increased insurance premiums and the defensive medicine, one must acknowledge that there has been a great increase in costs—and this increase must be shared by the patient.

PROBLEM #2: This problem was precipitated by the catalytic force of Problem #1—and this is the problem of the unavailability of Medical Liability Insurance for doctors; they are being dropped, canceled, or are not being renewed, and many new physicians are not able to obtain medical coverage.

I could go on and on citing examples of what might happen because of this problem. Consider the following: no emergency room personnel, no anesthetists for surgery, no orthopedic surgeons, etc.; and some doctors are talking about retiring earlier, some doctors are expressing the view of eliminating complicated cases. So you can see, the problem is very real and affects YOU and ME. How can we eliminate these increased costs in medical care, the practice of defensive medicine, the unavailability of emergency room care, or worse, the decrease in medical availability? We can all do this by working together to establish the Patients' Compensation Board (similar to the Workmen's Compensation Board) which should help alleviate this serious problem! The State Association has assisted in writing a bill—The Patients' Compensation Act—to help dissipate the above problem. This bill is being introduced to help protect our patients and the citizens of Indiana. This legislation in no way reduces the doctor-hospital liability for any and all damages. It will help our patients in this manner: Reduce the cost of their medical and hospital bills; reduce the attorneys' fees for representation and claims against physicians and hospitals; help guarantee the availability of physicians with expertise in such fields as anesthesiology, orthopedic surgery, neurosurgery; help them with the satisfaction of knowing the physician and hospital are insured and financially responsible; and it will help provide a readily available forum to litigate their claims. Finally, the Patients' Compensation bill will drastically reduce the time required for final determination of the patient's claim, and the difficulty of proving their claims will be significantly simplified and eased.

Doctors, you and your patients should support the Patient Compensation Act of Indiana!! This can be done by contacting your state representative and informing him of how you wish him to vote on this urgent bill. This bill will be passed this next month IF every doctor, with the help of his patients, would contact his state representative with enthusiasm and show him the need for such an act. None of us can afford to sit back and say "let the pros do it." We all must pull together to obtain this act for the citizens of the state of Indiana.

Gilbert M. Wilhelmus, M. D.
President
Indiana State Medical Association



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TITLE: Colon Stoma Placement—a Prime Factor in Rehabilitation
Code #3760
Date: 1974
Time: 20½ minutes

DESCRIPTION: Demonstrates impediments to function, comfort and rehabilitation that can result from poor placement of a colon stoma. A method is shown for determining stoma placement before surgery, with the patient observed standing, seated and prone, so that bone structures, belt-line, umbilicus, or creases and folds due to fat or loose skin will not interfere with the stoma, or with any appliance that might be worn.

Highlights of surgery show how a separate incision is made for constructing the stoma, which is then "matured" by suturing to the skin, resulting in a stoma that is quickly ready to function normally. Both problem cases and good surgical results are presented.

TITLE: Detecting Breast Cancer Earlier
Code #2786
Date: 1974
Time: 18 minutes

DESCRIPTION: Presents evidence from controlled diagnostic trials that the death rate from breast cancer can be significantly reduced by combining clinical examination with mammography. Shows that each procedure detects a large number of cancers missed by the other. The potential diagnostic applications of xeroradiography and thermography are explained. The principles and procedures of these techniques and of conventional mammography are presented briefly. An approach to breast cancer detection is proposed in which all diagnostic modalities—radiographic, clinical and self-examination—are used together. Immediate application to women in high risk groups is urged.

* * * *

NATIONAL CONFERENCE ON ADVANCES IN CANCER MANAGEMENT Part I: Treatment and Rehabilitation

Three major themes filtered through the information disseminated by 68 medical professionals participating in the National Conference November 25, 26 and 27 in New York City: (1) Treatment of a cancer patient must be an informed approach made by the combined efforts of the attending medical personnel; (2) with major advances in cancer treatment now available it is most important that the patient should receive the appropriate and necessary treatment when the first attempt to treat the cancer is made; (3) Rehabilitation of the patient begins upon the initial meeting with the medical professionals and continues throughout the treatment; no treatment is complete unless it includes rehabilitation.

One purpose of the National Conference, attended by approximately 3,500 doctors, was to encourage a national effort in the control of cancer. Participant speakers translated information and research into practical knowledge for the physician.

Throughout the technical and medical information being presented, stress was given to the importance of rehabilitation in care of the cancer patient. Research developments are providing improved modalities for control of cancer; consequently the quality of survival of the cancer patient is of utmost importance. Proceedings of the Conference will be available through the ACS.

PART II: Detection and Diagnosis, will be held May 1-3, 1975, at the Denver Hilton Hotel, Denver, Colo., under the joint sponsorship of the ACS and the National Cancer Institute. For further information write to: S. L. Arje, M.D., ACS, Inc., 219 East 42nd Street, New York, NY 10017.

WILLIAM M. DUGAN, JR., M.D.
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An Unusual Case of Ureterovaginal Fistula Treated With Transuretero-Ureterostomy

RODNEY A. MANNION, M.D.
LaPorte

THE basic problem in this case was an ureterovaginal fistula which only functioned when the ureter was refluxing. It is presented here because of the odd conjunction of operative disorders, the obscure iatrogenic factors which caused it, and the fact that these complications could be duplicated easily by the unwary surgeon. It was, for a time, a diagnostic enigma.

Case Report — L. W., Memorial Hospital, Michigan City, Ind.

This Negro female was 33 years of age when first treated for recurrent urinary infections in 1970. Total abdominal hysterectomy was performed in September 1971 and the right ureter was severed in the course of a rather difficult dissection because of previous pelvic inflammatory disease. I was called after the surgeon had dissected both ends of the cut ureter and I did an end-to-end uretero-ureterostomy. The ureteral splint was removed after 18 days and she was discharged although a mild wound infection developed with enterococci as the infecting organism. She received ampicillin.

Six months later she developed vague lower abdominal pains and a small suture abscess was excised from the lower end of the scar. Results of retrograde pyelograms were normal. Cystoscopy showed an unrelated, small suburethral diverticulum, which was excised.

She complained of periodic "wetting" after that and it was thought that she was incontinent from the urethra at the site of the diverticulum removal. Finally, she was readmitted to the hospital and repeat cystogram failed to show vaginal fistula but free right ureteral reflux was noted (Fig. 1). These films failed to show the connection to the vagina but vaginal urinous discharge was noted. A right ureterogram finally demonstrated the fistula (Fig. 2) and surgical exploration was performed in May 1973, during which a corpus luteum cyst and right fallopian tube were excised and right-to-left, end-to-side transuretero-ureterostomy was accomplished. Two splinting catheters were used and the catheter in the donor (R) ureter was finally removed on the 20th day. Retrograde pyelograms done on removal showed an intact Y-anastomosis.

She has had two bouts of pyelonephritis since the anastomosis but IVP on 9/18/73 reads in part: ". . . normal sized kidneys . . . bilateral prompt dye excretion . . . no abnormality except for silent hyperdistention" (Fig. 3).

Discussion

It would seem, in retrospect, that the fistula began about six months after the original ureteral anastomosis and then only functioned when urine was refluxed up from the bladder and probably not from the urine descending antegrade in the ureter. Her primary complaints of urinary infection prior to the hysterectomy could, of course, have been caused by an arcane right ureteral reflux but I believe this is unlikely. More probable would be some interruption in the vascularity of the lower segment of cut ureter. This was only about 3 cm above the bladder. It is difficult to envision any vascular diminution in



Figure 1
CYSTOGRAM showing right vesicoureteral reflux, complete.



Figure 2
RIGHT ureterogram with small, low ureterovaginal fistula.

the intramural ureter which would result in reflux because this portion of the ureter is well supplied with blood from the vesical musculature.[1] If I had done either direct implantation into the bladder or used a bladder flap technique, some of the subsequent complexities might have been obviated.

Although the procedure of transuretero-ureterostomy was discussed by Boari (of bladder flap fame) in 1894 and Sharpe described the operation in America in 1906, Charles Higgins reported the first clinical case in 1934.[2] His patient was a 25-year-old man with vesical diverticulum and ureteral reflux. It interests me to note the similarity between our two cases, both of which had ureteral reflux.

Higgins reviewed his possible options as nephrectomy, reimplantation or transplantation into the rectum. He did not like the last course because it would have the effect of ". . . transforming the patient into neither bird, beast, nor man." The ureter proved to be too high to reimplant when dissected from the bladder and so he chose the courageous course of transureteral anastomosis. Incidentally, he left the splints in only about 10 days—that in the pre-antibiotic age! Today we would add ileal segment anastomosis, bladder flap and autogenous kidney transplantation[3] to our options. It is noteworthy, from the vantage of 40 years, how the surgical armamentarium enlarges slowly but inexorably.



Figure 3

POSTOPERATIVE intravenous urogram with relatively normal upper tracts and patent end-to-side transuretero-ureterostomy.

In 1973, Udall et al.[4] reported on 67 cases with 66 successes and urged wider use of the transureteral procedures. Higgins ended his paper thus: "Although such a procedure may seldom be indicated it is an anatomic and physiologic possibility and adds another conservative technic to the armamentarium of urologic surgery." The procedure is not even mentioned in the 1963 edition of Campbells *Urology*[5] in the section on high ureteral injuries and their treatment. Inevitably, transuretero-ureterostomy should and will be more widely used.

Summary

A case is presented in which ureterovaginal fistula apparently functioned only when retrograde reflux occurred and not with the normal perstaltic-assisted antegrade passage of urine. Transuretero-ureterostomy proved an adequate treatment and aspects of this procedure are discussed.

Low ureteral transections should usually be treated with reimplantation as traditionally recommended, and not primary ureteral anastomosis as in this case.

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There are eight fewer acupuncture clinics in the Washington, D.C., area today than there were nine months ago. Then, a dozen clinics employed about 50 Oriental acupuncturists, and now there are only four clinics and a total of eight acupuncturists. Patient loads have decreased from about 200 a day to about 25. The demise of the clinics in the D.C. area is the result of a survey of them by the Medical Society of District of Columbia, a call for speedy improvements, mounting public reaction, and the recommendation from the AMA's delegation to China that acupuncture be allowed in the U.S. only as an experimental treatment.



SEMINARS FROM

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Acute Otitis Media — Diagnosis and Treatment

JOHN W. GAEBLER, M.D.
JOHN E. HEUBI, M.D.
Indianapolis

ACUTE otitis media is one of the most common diseases encountered in children. We estimate that acute otitis media is the diagnosis made on about 25-30% of the children seen in our outpatient clinic. Most of these cases occur in children under the age of six years and most cases are seen during periods when respiratory illnesses are prevalent.

Because of the frequency of the diagnosis of acute otitis media and because of the difficulties in making a diagnosis on many occasions, we endeavor to stress diagnosis with the student population and house officers. We recognize that there is considerable misdiagnosis of this condition. The problems in diagnosis stem from the fact that the tympanic membrane is not always easily visualized and interpretation is not uniform. This latter point is true even among experienced examiners.

Common pitfalls that we observe with students and house staff include inappropriate speculum size, poorly charged batteries, failure to straighten the ear canal to improve the field of vision, and inability to skillfully remove cerumen which obscures the drum.

The susceptibility of the infant and young child to acute otitis media is felt to be related to short eustachian tube length and occlusion of the nasopharyngeal end of the tube by adenoidal tissue as the tissue enlarges in response to infection. Dysfunction of velopalatine muscles has been cited as a reason for reflux of fluid up the eustachian tube, particularly in children with cleft palate. Numerous authors have discussed the mechanisms that allow infection to occur in the middle ear cavity, an area that normally remains sterile.[6] It is not our purpose to discuss this aspect of the problem.

The generally accepted theories regarding the pathogenesis of infection is that infection occurs as a direct extension of an inflammatory process in the nasopharynx via the eustachian tube or via tubal lymphatics and in unusual circumstances may be blood borne.

Acute otitis media can be suspected often on the basis of history and symptoms presented by the infant or child, but the diagnosis depends primarily on the examination of the tympanic membrane. The most common symptoms include a period of pain and fever occurring during the course of an infection involving the upper respiratory tract. The severity of the pain and magnitude of the fever vary greatly, but usually both are present. Some authors point out that pain and fever are less constant features of this disease and state that pain occurs in only 25% and fever in only 40-70% of all cases.[1] It is our observation that these symptoms are more frequently observed. The infant may scream with obvious pain or may simply be restless and irritable. He may pull at his ears and localize the pain. Some infants will not pull at the ears even when they are infected and others do so when there is no demonstrable ear problem. The temperature with acute otitis tends to be higher in infants than in older children and tends to be intermittent or of spiking nature. In addition to the pain and fever, many infants and children will experience some nausea and vomiting.

The earliest change that occurs in the tympanic membrane is hyperemia first noted along the handle of the malleus and periphery of the drum and pars flaccida. At this point there is no real thickening of the drum nor is there any bulging of the drum. Also at this time the patient is not likely to have severe pain and may be afebrile. The hyperemia then progresses to involve more of the drum and an exudate begins to form. This exudate causes the eardrum to bulge and this bulging plus the thickening of the drum causes the normal landmarks—the long process of the

malleus and the cone of light—to be obscured or difficult to visualize. At this time the patient is likely to be in pain and to be febrile.

Rupture of the eardrum may occur at this time with the drainage of serosanguinous or hemorrhagic fluid. This fluid then becomes purulent in nature.[6,7]

Most infants and children with otitis media are seen at the time the eardrum is diffusely red, bulging and with the landmarks obscured because this is the period they are most likely to be symptomatic. The infant or young child who has a respiratory infection and is symptomatic with pain or fever or both, and has the findings on examination of the drums as described will have acute otitis. It should be pointed out that most instances of acute otitis do not progress to spontaneous ruptures of the drum and that resolution of the inflammatory process might occur at any stage described. We believe that acute otitis is overdiagnosed at times, especially when mild injection of the drum is present without any change in contour of the drum or evidence of effusion.

Several aspects of treatment can be considered: 1. Antibiotic therapy, 2. Decongestants, 3. Analgesia, 4. Antipyretics, and 5. Myringotomy.

Antibiotic therapy is indicated in acute otitis media because 55% to 70% of the cases are due to pathogenic bacteria.[3,8,9] Even though the remainder are probably viral infections, we cannot distinguish between the two types in a given clinical situation.

Of the pathogens that have been cultured from aspirates from the middle ear the three most commonly encountered organisms are the pneumococcus, *H. influenza,* and *B. streptococcus.* Numerous studies confirm this and also the fact that *H. influenza* is more commonly found in infants and children under age five.[2,4]

On the basis of this information we treat acute otitis in infants and in children under age five years with ampicillin in a dosage of 50-75 mg/kg/day in four divided doses. In children over age five years we usually treat with potassium phenoxymethyl penicillin (V-Cillin K or Pen-Vee K) in a dose of 250 mg every six hours. We do not use Bicillin in the treatment of otitis media and infrequently initiate any penicillin therapy with an injection. We do not discontinue ampicillin because of the common macopapular rash seen after several days of therapy and rarely find the loose stools associated with ampicillin to be troublesome. Duration of therapy is governed by the progress of the patient and 7 to 10 days is considered minimal therapy.[3,5]

For the child allergic to penicillin we use erythromycin in a dose of 40 mg/kg/day in four divided doses. We have also used Keflex in these children and achieved good results. The dosage schedule used has been 25-40 mg/kg/day in four divided doses.

In addition to antibiotic therapy we give an oral decongestant such as Sudafed in a dosage of 15 mg three times a day for infants and 30 mg three times a day for older children. Not all authors agree concerning the efficacy of pseudoephedrine and we certainly cannot be dogmatic about its value.

We use Tylenol (acetaminophen) in a dose of 60 mg/kg four times daily for both its analgesic and antipyretic effects. Occasionally we do use Auralgan to relieve pain if the child is under adequate surveillance.

Myringotomy is infrequently done in our clinic. Our prime indication for myringotomy would include persistence of pain and fever with bulging of the tympanic membrane after 48 hours of adequate antibiotic therapy.

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Ethical and legal questions concerning physicians' participation in weight-reduction "clinics" that advertise the use of human chorionic gonadatropin injections are being raised. The widely advertised "fat clinics" which use HCG, a substance made from the urine of pregnant women, are offering physicians large sums of money to affiliate with them. The AMA and the FDA have both said that HCG has not been proven useful in the treatment of obesity. In two states, California and Michigan, either the state medical society or the attorney general has warned physicians of the ethical questions involved in affiliating with such a clinic.

Proposed Guidelines for Pediatric Office Emergency Equipment

With the excellent cooperation and input from the Committee on Disaster and Emergency Medical Care of the American Academy of Pediatrics and the Chairman of the American Academy of Pediatrics Committee on Accident Prevention, the liaison member from the American Academy of Pediatrics Sub-Committee on Accidental Poisoning, and selected consultants, a list of essential equipment and drugs for the pediatrician's office from which a choice should be made based upon the factors stated below is submitted.

Not infrequently an emergency may be present in a pediatrician's office that requires immediate attention, possibly a lifesaving procedure. It may occur primarily in the office as an untoward reaction to immunization or a drug; or an accident such as falling off an examining table; or a choking spell following aspiration of a foreign body (peanut, candy, etc.), vomitus; febrile or "idiopathic" seizure; or a severe asthmatic attack, to name a few. An infant or child, acutely ill or injured, may also be brought directly to the office from home, school or recreational area, circumventing a hospital emergency facility.

To care for such emergencies, it is suggested that the pediatrician or primary physician caring for infants and children have available for immediate use a number of remedial drugs and lifesaving equipment. He should be competent in modern methods of emergency treatment and cardiopulmonary resuscitation (CPR). The variety of drugs and equipment that should be available is contingent upon several factors.

1. Is the physician in solo practice?
2. Is he in a group practice in which any number of back-up specialists are available, such as orthopedist, otolaryngologist, ophthalmologist, neurologist, surgeon, allergist, dermatologist, psychiatrist, etc.?
3. What is the proximity of the physician's office to an appropriate hospital?
4. What is the pediatrician's knowledge (basic training) in emergency medical care?

Equipment

1. Self-filling bag, valve, portable oxygen with mask, infant, child, adult sizes; (manual resuscitator bag, machine unit).
2. Oxygen cylinder and oxygen flow meter.
3. Endotracheal tubes, sizes 3-7, and adapter.
4. Esophageal airway.
5. DeLee suction (portable suction machine).
6. Laryngoscope; various size blades: infant, child, adult.
7. Oral airways; (double ended tubes are useful); various sizes.
8. Cricathyrotomy needle, 14 gauge.
9. Levine tubes, 10-14; gastric lavage equipment.
10. IV tubing with microdrop appliance.
11. Cut-down tray, including Polyethylene tubing, sterile, teflon needles
12. Scalp vein infusion set.
13. Splints, all sizes.
14. Fluorescin eye strips.
15. Sutures.
16. Sterile 2 x 2″, 4 x 4″ gauze pads.
17. Sterile compresses.
18. Roller bandage, 1″ x 5 yds., 2″ x 5 yds.
19. Kling, various sizes.
20. Muslin roller bandage, 6 x 6″.
21. Sheets for restraint, blanket.
22. Emergency tags.
23. Culture tubes.
24. Test tubes, sterile, with and without oxylate.
25. Specimen bottles.
26. Dipstick.
27. Syringes, sizes 1, 2, 10, 20, 50 cc.
28. Insulin syringes, 100 units; regular insulin.
29. Needles, various sizes and lengths, 18/25 gauge.
30. Butterfly needles, #22.

Drugs

1. Activated powdered charcoal (Norit A) 500 mg. (If posionous drug unknown, save vomitus or lavage material for laboratory analysis.)
2. Alcohol, 70% and/or other disinfectants.
3. Aminophyline, IV 250 mg/10ml
4. Antibiotics.
5. Aromatic spirits of ammonia.
6. Atropine sulphate, 0.4 mg/ml.
7. Benadryl, 50 mg/ml (diphenhydramine hydrochloride).
8. Calcium chloride, 10% solution IV for cardiac resuscitation only; calcium gluconate, 10% solution, IV, 10 cc ampules.
9. Dextrose, 50% solution, 50 ml.
10. Diazepam (Valium) injection, 5 mg/ml.
11. Digoxin, 0.25 mg/ml.
12. Dilantin (diphenylhydantoin hydrochloride) 100mg Steri-Vial with empty 2.5 ml syringe and ampule containing solvent.
13. DT, DTT, T toxoid, human immune globulin.
14. Epinephrine, 1-1000 (to be diluted appropriately for cardiac use).
15. IV fluids, ½ normal saline and 5% glucose; Ringer lactate solution.
16. Furacin ointment and dressings.
17. Hydrocortisone sodium succinate; 100 mg ampules; Dexa-

methasone sodium phosphate, 4 mg/cc.
18. Ice cubes.
19. Isoproteronol, 0.2 mg/ml. (1-5000 sol. I.V., I.M., Subcu.)
20. Lidocaine, 0.05% solution.
21. Morphine or Demerol (meperidine hydrochloride).
22. Nalorphine hydrochloride (Nalline) 0.2 mg/ml.
23. Sodium bicarbonate, ampules 50 ml (1 mg/1 ml).
24. Sodium phenobarbital, ampules, 130 mg.
25. Sulfamylon cream.
26. Syrup of ipecac.

It has been suggested that a child psychiatrist or general psychiatrist be available for immediate consultation, either in person or by telephone, if a psychiatric emergency arises in the pediatrician's office.

It is also recommended that the following phone numbers be conspicuously posted in all pediatrician's offices:

1. Local poison control center.
2. Local appropriate hospital.
3. Local police, fire department.
4. Local health department.
5. Crisis intervention center.
6. Ambulance service.

—Ralph H. Kunstadter, M.D.
Chairman
Committee on Disaster and Emergency Medical Care, American Academy of Pediatrics.

From *Emergency Medicine Today,* **published by the AMA Commission on Emergency Medical Services, Oct. 1974.**

From The Journal 50 Years Ago

In discussing this subject it is well first to recall and visualize the vast extent of the nasal accessory sinuses, and to point out their intimate relationship to the most important structures of the head. In our student days these sinuses were usually regarded as mystical, more or less unimportant air spaces about which little was known, certainly little that would be helpful in the practice of medicine or surgery. It is but recently that investigators like Dr. Skillern have made extensive studies of these cells and have established beyond question their importance as disease-producing foci. Even now it would seem that the profession as a whole does not fully appreciate the extent, foulness and disease-breeding possibilities that so often lie hidden in this vast labyrinth of air spaces commonly called the accessory nasal sinuses. Because of this fact, propaganda of the right kind, . . . is needed and is helpful. Such propaganda was early employed in teaching both laity and profession the nature and dangers of appendicitis. I recall that almost as soon as appendicitis had been well recognized and described, Dr. Robert Morris, a surgeon of New York whom many here remember, said that "If a lighted lantern were hung on the gravestone of every victim of appendicitis, all graveyards in the country would be well lighted." This laconic statement was a fact and a warning which all could understand. What Morris said of appendicitis could be said, I believe, with equal truth concerning sinus disease, for if all those who have died of meningitis, brain abscess, stomach, lung, kidney and heart affections, as a direct result of sinus suppuration, should have their graves illuminated, certainly no cemetery would be poorly lighted. Accessory nasal sinus inflammation and suppuration is very common in this climate, and every such sinus disease is a menace to the health and life of the individual so affected. . . . "Focal Infections from the Accessory Sinuses," John F. Barnhill, M.D., Indianapolis, JISMA, January 1925.



ELECTROCARDIOGRAM OF THE MONTH

Ventricular Parasystole

JOHN C. BAILEY, M.D.
Indianapolis

PREMATURE ventricular contractions (PVCs) are a common cardiac arrhythmia. The most frequently encountered PVCs are of identical QRS morphology in a given electrocardiographic lead and occur at the same interval following the preceding dominant QRS complex. The probable mechanism for these ectopic beats is *re-entry*. A less common variety of PVC is characterized by identical QRS morphology in a given electrocardiographic lead, but the coupling interval between the PVCs and the preceding dominant QRS complex is not constant. The cause of these PVCs is probably an abnormal automatic focus within the ventricles, and the resultant arrhythmia is known as ventricular *parasystole*. The illustration is an example of simple ventricular parasystole. The dominant rhythm is normal sinus. Note that the PVCs are not accurately coupled to the preceding sinus beat. Moreover, the PVCs occur at a fixed inter-extrasystolic interval (1.6 sec.)or an exact multiple of this interval (3.2 sec.). Failure of the parasystolic PVCs to appear every 1.6 sec. is due to absolute refractoriness of the ventricles following the previous sinus-conducted QRS complex (indicated by the arrows, lead 2), but the simple mathematical relationship among the inter-extrasystolic intervals indicates that the parasystolic focus is not invaded and reset by the dominant rhythm. Finally, when the parasystolic focus fires nearly simultaneously with sinus node capture of the ventricles, part of the ventricles will be depolarized by the parasystolic focus and part by the sinus-conducted impulse. This competition for control of the ventricles gives rise to fusion beats (labeled "f" in the tracing), QRS complexes whose morphology is intermediate between the dominant and the parasystolic QRS.

Ventricular parasystole is usually a transient arrhythmia, but may persist for months or years. It almost invariably occurs in patients

From the Krannert Institute of Cardiology, Marion County General Hospital, and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46206.

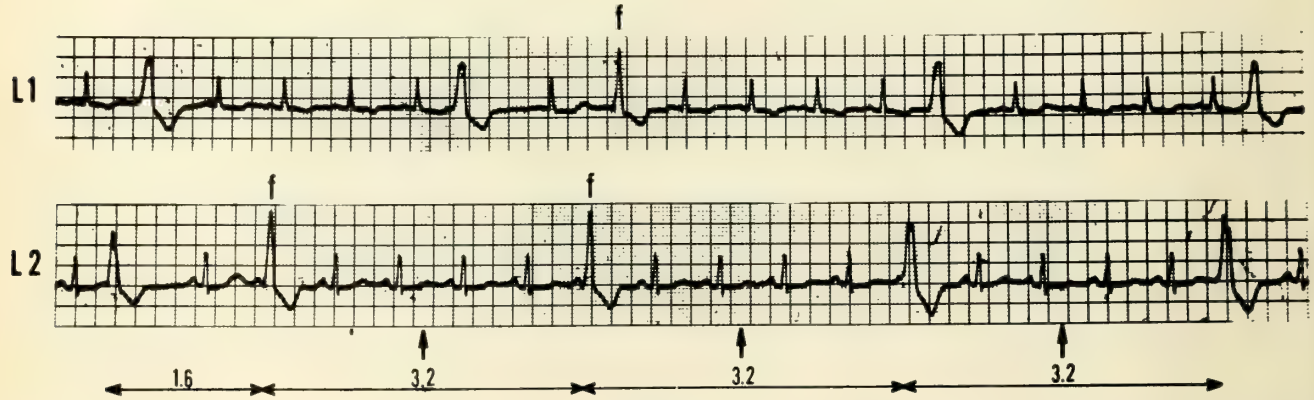


FIGURE 1

SIMPLE ventricular parasystole, characterized by PVCs of similar configuration but without fixed coupling to the preceding QRS complex, an inter-extrasystolic interval that is constant or an exact multiple of that constant, and fusion QRS complexes.

with organic heart disease, the most common being hypertensive or arteriosclerotic heart disease. Therapy is directed primarily at the underlying cardiac disease, although antiarrhythmic agents may be used if the parasystolic beats produce symptoms. In the presence of acute myocardial infarction, parasystolic PVCs that occur in the vulnerable period of the preceding beat may initiate ventricular tachycardia or ventricular fibrillation.

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Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or pr vent sequelae (rheumatic fever, glomerulonephrit of such infections. Deaths from hypersensitivity rea tions, agranulocytosis, aplastic anemia and other blo dyscrasias have been reported and early clinical signs (so throat, fever, pallor, purpura or jaundice) may indicate serio blood disorders. Frequent CBC and urinalysis with microscop examination are recommended during sulfonamide therapy. Insuf cient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal hepatic function, severe allergy, bronchial asthma; in glucose- phosphate dehydrogenase-deficient individuals in whom dos related hemolysis may occur. Maintain adequate fluid intake prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, apla tic anemia, thrombocytopenia, leukopenia, hemolytic anemia, pu

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pura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis).

Usual adult dosage: 2 Gm (4 tabs or teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

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Devoted to the interests of the medical profession of Indiana

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Drug Prices Almost Inflation-Proof

ELI LILLY and Company has started issuing a new press release "Health Highlights." Number One in the series is devoted to "Drug Prices" and contains data which will be interesting to everyone.

One of the weirdest political facts of present times is that politicians continue to refer to the high and increasing cost of drugs. This is in spite of solid evidence to the contrary.

The fact is that drugs are practically the only item in the economy which is almost inflation-proof.

To quote from "Health Highlights":

From 1967 through September this year, prescription prices in the United States increased less than 5 percent, while total health care costs were up by 55 percent. This is in a period when the Consumer Price Index for all items has risen an alarming 52 percent.

In 1973 the consumer paid about the same per capsule of medication in the average prescription as he or she did five years ago (based on the average prescription price last year of $4.54).

The 1973 sales volume of the oral forms of four major antibiotics (ampicillin, erythromycin, tetracycline, and penicillin VK) was $205 million. The same amount purchased in 1969 would have cost $370 million.

Patients now pay 24 percent less for the leading oral antibiotic product in the United States (Keflex) than they did when it was introduced 3½ years ago.

Through August of this year, the company's wholesale drug price index was less than one percent higher than it was in 1967.

Lilly also notes that it has been charged that doctors fees and hospital bills are adding fuel to this country's inflation. This is a charge that can't be proved in regard to doctors' fees. They have for many years not advanced any faster than has the general wage level. Doctors' fees, also, have probably not advanced as fast as has the cost of practicing medicine.

Hospital bills are up, but, so what? Hospital care and treatment improves every year. The cost increases probably contain some avoidable fat, but not much. Most of the increase is due to improvements in diagnosis and treatment. If people would put up with basic 1910 hospital care, they could get it today for 1910 prices if they could pay with 1910 dollars.

Guest Editorials

Shameful Exposure

OVER the past few weeks every detail of the recent illness of the wife of the President has been reported in the news. A television editorial entitled "Frank Talk" hailed this in-depth coverage as a great forward step for Americans. We disagree. Not only was no useful purpose served, but much harm was done. That Mrs. Ford had cancer of the breast is legitimate news. The details of her operation and the extent of her disease was exploitation for the benefit of the news media.

The opinion that the people have the right to know about serious illness of persons in high office was accepted by the major news media. What is high office? Who defines the seriousness of an illness? Is the health of every office holder to be a matter of public record? More irrational, how does accepting such a principle for a serious illness of the president allow it to be extended to the President's wife? Why should the health of the relatives of an official be legitimate information for the public? Do the people have the right to know that the wife of an important official has severe diabetes, that a brother is an alcoholic, that a child has a probable fatal illness? We do not think so.

That President Roosevelt did not reveal his sickness and President Eisenhower did was advanced as proof that the citizenry is entitled to know the details of the health of their leaders. Actually, President Eisenhower and his advisers decided that the country should be told the details of his coronary occlusion to allay their fears and to stabilize the functioning of the government, particularly because the outcome of his illness appeared favorable. And, incidentally, the public was informed by a physician, Dr. Paul D. White, and his explanations were masterful in reassuring the people, and they were of top quality in professional presentation. On the same basis of

what appeared to be best for the United States, President Cleveland decided that the country which was on the brink of a financial panic should not be told that he had an operation for sarcoma of the maxilla. An individual's state of health is confidential between him and his personal physician, and for an elected official, disclosure of that information is his decision based upon the circumstances of the moment. Details of an illness of a relative of an elected official are at the least equally privileged.

One commentator decided that the detailed exposure of Mrs. Ford's cancer was a great boost for the war against cancer. We disagree. Actually the fact that Mrs. Ford presented with a just discovered minimal lesion only to find there was already lymphatic extension might well discourage more women than it reminded of the necessity of regular examination of the breast. Certainly publication of the prognostic significance of lymphatic involvement was distressing to many women who have adjusted to life with their comparable problem. Moreover, to publicize the method of treatment which was elected for Mrs. Ford was painfully cruel to patients who have been treated another way in this currently extremely controversial matter.

The exposure of Mrs. Ford's cancer does not change the qualifications of the President. The detailed analysis was harmful to the war on cancer, and was harmful to patients with cancer. Medical professional custom and ethics were poorly served. A person's illness is still his private business. All of the rationalizing of the giants of the media do not make this type reporting anything else than what it is—a self serving activity playing upon the morbid curiosity of the people.

And now Mrs. Rockefeller is reported to have had an operation for the same malignancy. Now the people will be told the extent of her problem and the treatment she shall receive, and her prognosis will be compared to Mrs. Ford's, and so forth, ad nauseum. And physicians will allow themselves to be part of these disclosures of professionally privileged information. Shameful! —*Rocky Mountain Medical Journal,* **November 1974. Reprinted with permission.**

On Liberal Abortion

I think our abortion laws should be made more liberal. And it is gratifying to me to see the United States swing to this position—where a woman can get an abortion on request. Our United States Supreme Court gets much of the credit for this trend, I think.

The surveys show that most physicians are opposed to liberal abortion. But, at the same time, the surveys also show that there is a majority among the younger physicians who favor liberal abortion. And so the change is taking place among physicians—as it is among the general population.

There are arguments about abortions destroying life or "the soul" that sound convincing to some, but largely conjectural or hypothetical to others. I'm in the latter class.

And there are arguments about easy abortions destroying the moral fabric of society. But morality in its highest or noblest sense means "to strive," and I see nothing noble in asking an unwed or married mother to bear an unwanted child.

If the baby is wanted, then we're talking about a different ball game. Then, "the soul"—"the force of life" as the Jews called it—has a chance of being cultivated and grown in a loved and wanted child, to my thinking.

It is true that there is a growing shortage of adoptable domestic children because of "the pill" and easier abortion laws. The adoptive parents may have to wait longer, or they can consider an inter-racial adoption.

There are thousands of children born out of wedlock in countries where our soldiers are stationed; most of these children need adoption when the aging maternal grandparents can no longer meet the demands of young, growing children. And these children usually display polyvim, the hybrid vigor or beauty that comes from the mixing of genes, the blending of different heritages. Given the right milieu—the right homes—these kids grow up into strong, beautiful people.

If our view is large enough, there is no threat of a shortage of adoptive children because of liberal abortion laws. We have more than enough unwanted children in the world; we don't need any more.

I think our abortion laws should be made more liberal. But what do you think?**—Richard J. Noveroske, M.D., Evansville.**

Tragic Sunset

I remember the first time I heard the expression, "The sun never sets on the British Empire." I was a child, and it was awesome to me to imagine the majestic expanse of an empire upon which the sun never set. Vicariously, I took pride in the power and wealth of such a great nation allied with my own. I admired the strength and spirit of the British people, not one of whom I knew personally. Their courage and perseverance during the second world war was a source of inspiration to me and, when the late Winston Churchill declared it to be their finest hour, I cheered in agreement.

Although I have no enthusiasm for imperialism, something within me sickened when I heard, last month, of England's last-ditch efforts to prevent its own bankruptcy; the virtual socialization of its industry. I could not help but believe that the British national health program had played a major role in crippling a nation and bringing a people to its knees.

I am convinced that the incredible expense of their health program cost Britons their national defense establishments, encouraged their people to abandon the principle of self reliance and hastened the degradation of one of history's greatest governments.

A program designed to promote the health of its people has ironically afflicted a nation with a malig-

nant illness. And it is dying.

In spite of this spectacular tragedy, our own nation, now the last great reservoir of man's freedoms, is standing in line, waiting to infect itself with the same malignancy. We ignore the lessons obvious in Denmark, Sweden, England and Canada; the only government that can survive a system of free health care is one that restricts the freedom of its citizens to the extent that every aspect of living and life must be under the absolute dominion of that government.

Faced with such a toll, no thinking, informed, free people could possibly agree to the trade. But here we stand, impatiently in line, unthinking, uninformed and soon to be un-free.

As I watch twilight settle over the British empire, I wonder if it was worth a free prescription, a free operation, a free set of dentures.

And I also wonder why we are so uninformed. I can remember when a British politician's sexual preferences were detailed on front pages and television screens for days . . . while the sun sank, slowly and so very quietly. —**Mark R. Johnson, M.D., editor,** *The Journal of the Oklahoma State Medical Assoc.,* **Nov. 1974. Reprinted with permission.**

Physicians and Fees

Editor, The Wall Street Journal

In his letter of Sept. 4 Max Fine, the executive director of the United Auto Workers-based Committee for National Health Insurance, again demonstrates his skill at distortion. The fact is that the cost of medical care has risen less than personal income and less than the hourly wage in the past five or 20 years. Physicians' fees have gone up no more than any other wages in the past 25 years. However everyone's wages, everyone's services, and everyone's earnings have gone up much faster than the Consumer Price Index. But Mr. Fine continues to compare only the services of a physician to the CPI. In recent years with controls, the rise in physicians' fees fell below the rise in other services and even below the rise in the CPI. With the cessation of controls a single and partial readjustment occurred. Now Mr. Fine's machine cranks out an "annualized rate" for that brief rise which can be translated to his auto industry. Auto prices will rise $500 in October. By Finesean mathematics that is an "annualized rate" of $6,000 per year!

The fact is that Medicare is a bust. According to the Senate Finance Committee in 1972 the Senior Citizen was already paying as much out of pocket then as he did before Medicare. This is because the bureaucracy induced by Medicare had already mushroomed enough to consume the program. It has gotten worse. Our hospitals are featherbedded with job descriptions ranging from Medicare clerks to quality assurance persons. Since Medicare does not carry their share of hospital costs, the cost assigned to other patients has risen inordinately. It is also estimated that the administration of Part B of Medicare has added 34% to the cost of physicians' fees. Unfortunately pre-existing insurance, which the elderly had accumulated over the years was cut off at the onset of Medicare. These citizens are now stuck with Medicare and the Medicare induced rise in cost. Instead of liking Medicare, as Mr. Fine argues, the Senior Citizens are addicted to it as if to heroin.

Doctors' offices are also bogged down with an inordinate increase in paper work. Mr. Fine is again wrong about doctors' net incomes. Although the physicians' gross income exceeds that of many professions, so do their hours. A plumber working equal hours may take home more pay.

Even if physicians' fees were eliminated, the escalation forced on medicine by the government and by related agencies would not be checked. But eliminating some of the overripe failures in experimental health care delivery may go a long way. These sacred foundations have consumed federal funds for more than a decade without a visible audit. After action by physicians in Louisiana one "foundation" has been audited. Costs have been greatly reduced and there are a few federal indictments. But why are the subsidies of the other foundations so immune to audit?

Our country can no longer afford the Finesean arithmetic. We can no longer afford the featherbedding and the inflation which result from decisions based on the theoretical considerations of uninformed nonparticipants. Perhaps the time has come to listen to the informed participants, the practicing physicians.

—Edward S. Hyman M.D.
Secretary
American Council of Medical Staffs, New Orleans.

Published with the permission of Dr. Hyman as it appeared in The Wall Street Journal, Oct. 1, 1974.

Editorial Notes . . .

Dr. Ivan Illich, in an Encyclopaedia Britannica endowed lecture at the University of Edinburgh, declared that the medical establishment has become a major threat to health. He cites the worldwide tendency of people of all strata to become dependent on physicians. He says: "beyond a certain point, the production and delivery of medical care produces more ailments than it can heal." And also: "That society which can reduce professional intervention to the minimum will provide the best conditions for health." It reminds one of the falling death rates among U.S. civilians during WWII when most of the doctors were away.

Four companies in Pittsburgh are building the first commercial building to use solar energy for heating and cooling. A slanted roof will catch the sun's energy in collector cells of coated aluminum filled with water and ethylene glycol.

The Indiana Department of Cor-

rections has a federal grant for a pilot study of the feasibility of upgrading of vocational assessment and vocational training of prison inmates. The program will start with those sentenced to two years or less. The Michigan City prison will equip modern training facilities for auto mechanics, body repair, electronic technology, welding, heating, air conditioning and refrigeration. The Reformatory at Pendleton already has a good vocational program.

A group of 31,000 women, screened for breast cancer by mammography, had a one-third reduction in deaths over the 5-year follow-up, as compared with 31,000 women given the usual comprehensive medical care. One-third of the tumors detected by x-ray were too small to feel. Only one of this group died in the five year period.

The National Cancer Program of HEW reports that early chemotherapy results in breast cancer are encouraging. Women with positive axillary nodes and who have received L-phenylalanine mustard (L-PAM) orally for five days every six weeks for two years have demonstrated a significantly reduced recurrence rate, as compared with a matching series in which no chemotherapy was employed.

Charges before a Congressional Committee that antibiotics are improperly used and have resulted in an epidemic of gram-negative infections has resulted in an investigation by a study group of experts. They report that more elderly patients, more immunosuppressive agents and corticosteroids, increased survival of older diabetics and cancer patients, and more crowding in hospitals have increased the number of gram-negative infections. Also the fact that, in the past, antibiotics generally were more effective against gram-positive diseases has made the gram-negative troubles more prominent. However, the study group reported that the newer antibiotics are now in the negative field and have dramatically reduced the mortality.

The Stanford Research Institute has issued a pamphlet of instructions about testing a child's hearing in the home. The mother may make use of materials commonly found in homes to fashion various devices to test a baby's hearing for high and low pitches and both loud and soft sounds.

Reports which appear to document a causative relation between reserpine and breast cancer have been criticized as being possibly statistically invalid. The Food and Drug Administration has contacted the 38 drug companies which produce various formulations of reserpine to discover all data that may be helpful in resolving the matter. FDA seeks results of chronic animal studies in addition to all studies which have not previously been submitted.

The FDA continues its review of nonprescription (over-the-counter) drugs which was begun in 1972. Standards are being formulated for each of the 27 categories such as antacids, laxatives, cough and cold remedies, etc. Labeling will be monitored and claims of effectiveness will be limited. The process should be completed by late 1975.

In treating hypertension, the trick is not to locate the patients, but to induce them to continue treatment once it has been started. The VA hospitals report that almost 60% of the 25,000 veterans identified through VA screening as needing treatment have not returned to the VA clinics. This is about the figure for non-veteran screening programs. The American people, in general, scream for more preventive medicine; at the same time they neglect to adhere to that they already have available.

Makers of power lawn mowers are planning a more vigorous educational campaign on safety since a federal survey has shown that 95% of mower accidents are the fault of the user. Despite meticulous safety advice on hang tags and in owners' manuals the injury rate is much too high. Additional methods of safety instruction will include TV announcements, safety schools, dealer posters and cooperation with safety organizations. Snow blowers are included in the caution list as well as yard vacuums and shredder-grinders.

Project Hope has found it necessary to suspend operation of the hospital ship "Hope" due to increased cost, but is continuing with medical teaching-training programs. The newest such program is now being surveyed in Nigeria and will be centered at the University of Ife.

Senator Gaylord Nelson has proposed that pharmaceutical drug advertising, both written and oral, be prohibited by law. He also favors shortening the effective span of patent rights on drug innovations and thinks that the government should take over control of the production and distribution of drugs. Senator Nelson recently received the Hugo Schaefer Award at the APhA National Convention. His suggestions are very similar to the characteristics which already are inherent in the Soviet pharmaceutical program.

Dr. Weston A. Heinrich, Evansville, has studied the hazards of farm work. He finds that farming is the third most dangerous occupation in the U.S., exceeded only by mining and construction. In his study of a single Indiana farm family he found 22 serious work-related accidents in a space of 18 years. He recommends code-painting of the dangerous parts of farm machinery, the development of safety rules, the practice of safety education and the use of "break-away" clothing to lessen the number of workers who are pulled into machinery. ◄

The Woman's Auxiliary Reports to ISMA

Dear Doctor:

I, like you, do a lot of reading and occasionally come across something that is thought-provoking.

"What this country needs is more of what we've got."

That's a statement from a successful company that everyone should take to heart.



My thoughts on the above statement evolved around—old fashioned brotherhood; competitive spirit; free enterprise; people who aren't afraid of a hard day's work, who use their hands and their heads; people with drive, with ambition; group spirit, to get the job done a little better than ever before; volunteers who improve the quality of life—and that's what Doctors and their wives are all about.

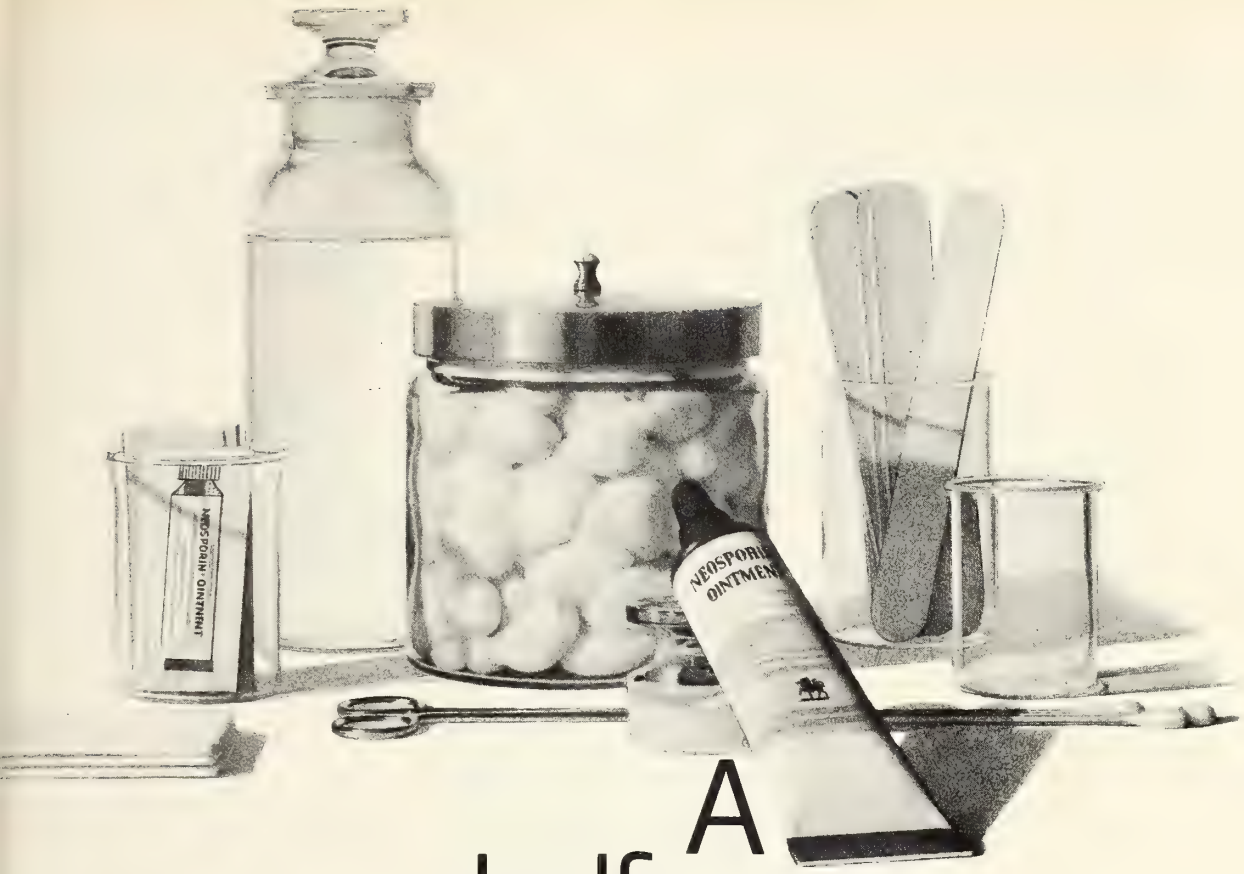
At this Christmas time let us have:

Thoughts for those having less than you,
Faith though the future's not in view;
Fun and laughter to go everywhere,
Kindness to show how much you care;
Strength to begin all over again
And love to seek the best in every man.
For now and for the New Year too.

Warmest Season's Greetings

Beth Bowen

Mrs. Otis R. Bowen, President
Indiana State Medical Assoc. Auxiliary



A half-ounce of prevention

Use it to prevent a topical infection. Or to treat one that's already started. In either case, it's good medicine. Whether for lacerations, burns, open wounds, IV catheter or surgical aftercare. Neosporin® Ointment provides broad antibacterial coverage against common susceptible pathogens. And since it contains three antibiotics that are rarely used systemically, the risk of sensitization is reduced. Neosporin Ointment. A half-ounce of prevention. Also available in a full ounce of prevention and in convenient foil packets.

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Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs.
In tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

TIONS: *Therapeutically,* used as an adjunct to appropriate systemic y for topical infections, primary or secondary, due to susceptible organ- s in: • infected burns, skin grafts, surgical incisions, otitis externa ary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • second- infected dermatoses (eczema, herpes, and seborrheic dermatitis) natic lesions, inflamed or suppurating as a result of bacterial infection. *ophylactically,* the ointment may be used to prevent bacterial contamination s, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts unds accidentally incurred, its use may prevent the development of on and permit wound healing.

RAINDICATIONS: Not for use in the eyes or external ear canal if the eardrum orated. This product is contraindicated in those individuals who have hypersensitivity to any of the components.

NG: Because of the potential hazard of nephrotoxicity and ototoxicity neomycin, care should be exercised when using this product in treating ive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

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North Carolina 27709

The Role of the Detail Man

Opinion & Dialogue



Dr. Willard Gobbell
Family Physician
Encino, California

"I may be prejudiced, but I a very much in favor of the detail m I meet. Most of them are knowledg able about the drugs they promote and can be a great help in acquain ing me with new medication."

Family Physician's Perception

I think that most general practitioners in this area feel as I do about the detail man. Over the years I have gotten to know most o the men who visit me regularly an they in turn have become aware o my particular interests and the na ture of my practice. They, there- fore, limit their discussion as muc as possible to the areas of interest to me. Since I usually see the sam representative again in future visits, it is in his best interest to supply me with the most honest, factual, as well as up-to-date information about his products.



Dr. Jeremiah Stamler
Chairman
Department of Community Health and Preventive Medicine, and Dingman Professor of Cardiology
Northwestern University Medical School

"In the total picture of dealin with health problems in this coun there is a potential for detail men to play a meaningful role."

The Positive Influence

My contact with representa- tives and salesmen of the pharma ceutical industry is the type of cor tact that people in a medical cente research people, and academic people have and that's in all likelih on a somewhat different level from that of the practicing physician.

Let me touch on how I perso ally perceive the role of the sales representative. These men reach large numbers of health profes- sionals. Thus they could be—and at times actually are—disseminа- tors of useful information. They could consistently serve a real edu cational function in their ability to discuss their products.

At present they do distribute printed material, brochures and pamphlets—some of it scientific- ally sound and therefore truly use- ful—as well as some excellent film produced by the pharmaceutical industry. When they function in th

He a Source of Information?

Yes, with certain reservations. he average sales representative as a great fund of information bout the drug products he is re- ponsible for. He is usually able to nswer most questions fully and ntelligently. He can also supply eprints of articles that contain a reat deal of information. Here, oo, I exercise some caution. I usu- lly accept most of the statements nd opinions that I find in the apers and studies which come rom the larger teaching facilities. goes without saying that a physi- ian should also rely on other ources for his information on harmacology.

raining of Sales Representatives

Ideally, a candidate for the osition as a sales representative f a pharmaceutical company hould be a graduate pharmacist who has a questioning mind. I don't hink this is possible in every case, nd so it becomes the responsibility of the pharmaceutical company to train these individuals comprehensively. It is of very great importance that the detail man's knowledge of the product he represents be constantly reviewed as well as updated. This phase of the sales representative's education should be a major responsibility of the medical department of the pharmaceutical company.

I am certain that most of these companies take special care to give their detail men a great deal of information about the products they produce—information about indications, contraindications, side effects and precautions. Yet, although most of the detail men are well informed, some, unfortunately, are not. It might be helpful if sales representatives were reassessed every few years to determine whether or not they are able to fulfill their important function. Incidentally, I feel the same way about periodic assessments of everyone in the health care field, whether they be general practitioners, surgeons or salesmen.

Value of Sampling

I personally am in favor of limited sampling. I do not use sampling in order to perform clinical testing of a drug. I feel that drug testing should rightly be left to the pharmacology researcher and to the large teaching institutions where such testing can be done in a controlled environment.

I do not use samples as a "starter dose" for my patients. I do, however, find samples of drugs to be of value in that they permit me to see what the particular medication looks like. I get to see the various forms of the particular medication at first hand, and if it is in a liquid form I take the time to taste it. In that way I am able to give my patients more complete information about the particular medications that I prescribe for them.

apacity they are indeed useful; articularly in the fact that they isseminate broadly based educa- ional material and serve not just s "pushers" of their drugs.

he Other Side of the Coin

Obviously, the pharmaceuti- al companies are not producing all his material as a labor of love— ney are in the business of selling roducts for profit. In this regard he ambitious and improperly moti- ated sales representative can xert a negative influence on the racticing physician, both by pre- enting a one-sided picture of his roduct, and by encouraging the ractitioner to depend too heavily n drugs for his total therapy. In hese ways, the salesman has often istorted objective reality and ndermined his potential role as an ducator.

The Industry Responsibility

Since the detail man must be an information resource as well as a representative of his particular pharmaceutical company, he should be carefully selected and thoroughly trained. That training, perforce, must be an ongoing one. There must be a continuing battle within and with the pharmaceutical industry for high quality not only in the selection and training of its sales representatives, but also in the development of all of its promotional and educational material.

The industry must be ready to accept constructive as well as corrective criticism from experts in the field and consumer spokesmen, and be willing to accept independent peer review. The better educated and prepared the salesman is, the more medically accurate his materials, the better off the pharmaceutical industry, health professionals and the public—*i.e.*, the patients—will be.

Physician Responsibility

The practicing physician is in constant need of up-dated information on therapeutics, including drugs. He should and does make use of drug information and answers to specific questions supplied by the pharmaceutical representative. However, that information must not be his main source of continuing education. The practitioner must keep up with what is current by making use of scientific journals, refresher courses, and information received at scientific meetings.

The practicing physician not only has the right, but has the responsibility to demand that the pharmaceutical company and its representatives supply a high level of valid and useful information. I feel certain that if such a high level is demanded by the physician as well as the public, this demand will be met by an alert and concerned pharmaceutical industry.

From my experience, my impression is that sectors of the pharmaceutical industry are indeed ethical. I challenge the industry as a whole to live up to that word in its finest sense.

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

I suppose that the topic of my next few articles is predictable—the Employee Retirement Income Security Act of 1974 (ERISA). I will not cover too much in any one article, so, if you wish, you can learn about the applicability of ERISA over a painless period of time.

You're Probably Affected

ERISA covers approximately 35 million persons. That's a significant number, when you consider that there are approximately 200 million persons in the United States. Therefore, the odds that you will be affected by the new law are fairly high—since over 17% of our population will be.

Types of Plans Affected

ERISA affects two types of private employee benefit plans: retirement plans and welfare plans—e.g., plans which provide accident or health benefits. While ERISA does not require an employer to establish any type of plan, the law is applicable to plans which are now in existence and to those which are established in the future. Two types of plans which are not covered are: federal, state, and local government plans—e.g., social security and other governmental retirement plans; and church plans.

Time When Plans Affected

In general, plans which were in existence on Jan. 1, 1974 are *not* within the scope of ERISA *until* the first plan year which *begins after December 31, 1975*. Other plans are covered for plan years which begin after Sept. 2, 1974, which is the date on which President Ford signed ERISA.

Government Departments Involved

The responsibilities for administering ERISA have been delegated to three units: the Internal Revenue Service; the U.S. Department of Labor; and the Pension Benefit Guaranty Corporation. The latter unit (PBGC) is a new corporation which has been created for the purpose of supplying insurance under certain types of retirement plans. In fact, pension plans which are within the scope of ERISA are *required* to be funded with the insurance which is to be offered by PBGC. The Chairman of the Board of Directors of PBGC is the Secretary of Labor. The other members of the Board of Directors are the Secretary of Commerce and the Secretary of the Treasury.

H.R. 10 and Subchapter S Plans

There are two primary changes which ERISA has made which concern H.R. 10 plans (for self-employed persons, including partnerships) and which will be welcomed by many of you. First, for taxable years which begin after December 31, 1974—e.g., for 1975—self-employed persons may contribute (and deduct), to H.R. 10 plans the lesser of 15% of their earned income (net profit, in the case of the self-employed person himself) and $7,500. The former limitation was the lesser of 10% and $2,500. When earned income is $50,000, 15% of it equals $7,500. Second, self-employed persons may contribute (and deduct) a minimum amount of H.R. 10 plans—i.e., they may contribute any amount up to $750, regardless of the 15% limitation. One adverse change in the law, which will not affect many taxpayers, is that the 15% limitation, and contribution, may only be based upon the self-employed person's earned income up to $100,000. That is, some self-employed persons who have been earning $100,000 or more have set their percentage limitations at—e.g., 3%—rather than at 10%. Thus, they would contribute the maximum amount for themselves, $2,500, with a very small contribution on behalf of their employees. Now, however, if they wish to contribute the maximum amount ($7,500) on behalf of themselves, they will have to have a minimum percentage of 7.5%, because they may only take $100,000 of their earnings into account (7.5% x $100,000 = $7,500).

As to shareholder-employees of Subchapter S corporations (shareholders who own 5% or more of the corporation's stock), the shareholder-employee will have to include in his gross income all contributions to retirement plans, which contributions exceed the lesser of 15% of the shareholder-employee's compensation or $7,500. This is a considerable benefit to such shareholder-employees, and was inserted into the law in order to equate them with self-employed persons.

If one of your goals in life is to minimize taxes and conserve (or increase) your estate, then you would be well-advised to call your lawyer (and, if applicable) your life insurance representative, in order to have them review, together, your present retirement plans. ◄



ABSTRACTS, BOOK REVIEWS

VENOM DISEASES

Sherman A. Minton, Jr., M.D., Professor of Microbiology, Indiana University School of Medicine, Research Associate, Department of Herpetology, the American Museum of Natural History, Charles C Thomas, publisher, Springfield, Illinois, 1974, 188 pages, plus over 600 references and 62 illustrations, $11.75.

This book is a monograph in the Bannerstone Division of American Lectures in Living Chemistry. While "not intended primarily to be a therapeutic guide, information on treatment of venom poisoning has been given in sufficient detail to permit its use in practical situations" (dust cover and also introduction). The author adds: "The treatment of many types of envenomation is still largely empirical and symptomatic. There is a real need for physicians to report their experiences so that more effective therapies can be devised."

The book is presented in seven chapters, namely, Venomous Marine Invertebrates, Venomous Arachnids and Myriapods, Insect Venoms and Envenomation, Venomous Fishes, Snakes and Snake Venoms, Clinical Aspects of Snakebites, and Venoms and Other Vertebrates.

Treatment of severe coelenterate stings is a sample of the unusual, because jellyfish stings are produced by minute nematocysts in the tentacles, and these are left in the skin of the victim, and often the tentacle remains attached to the skin. These should not be pulled off "since this discharges additional nematocysts into the victim and sometimes into the rescuer." Application of alcohol inactivates the nematocysts, but salt, sugar, or dry sand may be used. If respiration stops, artificial respiration must be used at once. Promethazine or diphenhydramine parenterally are the best pharmacological antidotes. Other treatment is also described. These details are quoted to show that such a common marine animal as the Portuguese-Man-of-War and the sea nettle can cause considerable trouble and even danger.

About 40 species of shelled marine mollusks can cause envenomation in man. This includes 15 species of cone shells. Marine mollusks such as cephalopods (octopus, etc.) have venom, also. Even sponges, sea urchins, and some corals are capable of poisoning human beings.

Scorpion stings occur in southern and western United States, but "nearly all serious and fatal ones occur in Arizona." In 1950, 1573 cases were reported by Arizona physicians, but there are now only 40 to 60 serious cases annually, with deaths less than one per year. Between 1929 and 1948, there were 64 deaths.

"Evidence is accumulating . . . that any spider with fangs capable of penetrating human skin can cause at least local envenomation." Important in the U. S. are the black widow spider (*Latrodectus mactans*) and the recluse spiders. Black widow "arachnidism may easily be confused with acute appendicitis, perforated ulcer, or other abdominal emergency . . . The cutaneous hyperaesthesia and paraesthesia and increased tendon reflexes are useful diagnostic signs pointing to spider envenomation." The brown recluse bite gives a different clinical picture. Vasoconstriction surrounds the bite at first, then a blister forms, having a painful reddish periphery. All this may be accompanied by chills, malaise and a generalized rash. The hemorrhagic zone often becomes necrotic. In children, massive intravascular hemolysis may develop rapidly, with haemoglobinuria, jaundice, pyrexia and shock. Corticosteroids are indicated (100 mg prednisone or 16 mg dexamethasone) "as soon as there is definite evidence of envenomation" by *Loxosceles* (brown recluse) and continued daily for a while, tapering off gradually. Control measures against spiders are outlined.

Centipedes occur worldwide, but appear to be a minor problem in the U. S. The pain of their bite is relieved by local infiltration with procaine (or other local anesthetic). "Other treatment is rarely necessary."

Ticks are important, and tick paralysis is a definite entity. "There is reason to believe that ticks must be attached for four to five days before symptoms develop": anorexia, irritability, lethargy, weakness, incoordination, ataxia, flaccid paralysis of legs, then trunk, arms, and neck. Little or no fever, spinal fluid normal. Mortality in a series of 332 cases was 12%. "Removal of the tick is curative." About 65% of cases are in girls under 10. Prophylaxis against ticks is described.

The chapter on insect venoms is highly detailed, with much information concerning chemistry of venoms. For instance: "Much of the pharmacologic activity of bee venom can be ascribed to histamine," etc. . . . "a clinically important property of many hymenopteran venoms is their ability to induce a high degree of allergic hypersensitivity in man. . . . Insect sting anaphylaxis does not differ in its clinical manifestations from that triggered by other substances." Dermatitis and other troubles from caterpillars are described. Blister beetles are mentioned.

As to fishes, venom has been identified in only 200 some

Continued

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species out of 40,000 that exist. Stingray injuries can be severe, as the sting is anywhere from 4 cm to 37 cm in length in different rays. Death can result, most fatal cases having been associated with penetration of thoracic or abdominal cavities, and in one case, of the heart. First aid involves prompt washing with any available water (salt or fresh) and removal of fragments of the sting, followed by soaking in very hot water for 30 to 90 minutes. Tetanus prophylaxis and broad spectrum antibiotics are indicated.

In bony fishes, the venom occurs in spines, usually of the fins. Lionfish, scorpionfish and stonefish are well known to be venomous, the most dangerous being stonefish. Deaths have occurred within an hour. Antivenin is available. A constant feature of fish venom is severe and increasing pain. Catfish stings are apt to be painful but not dangerous, with due regard to tetanus and other secondary infection.

The chapter on Snakes and Snake Venoms is fascinating, with much information concerning venom chemistry, antigenic relationships and natural immunity. Taxonomy of snakes is not suitable for review, but is well covered by Dr. Minton as far as the venomous varieties are concerned. A discussion important for physicians is on diagnosis, including differential diagnosis of snake envenomation as opposed to injuries from inanimate objects, such as thorns, from fish spines, from teeth of small mammals, and from such others as scorpions, centipedes, spiders, and insects. The pattern of the bite will not differentiate between poisonous and non-poisonous snakes. Differentiation of minimal from severe envenomation is a matter of clinical judgment. Symptoms following coral snake bites may be delayed as much as 12 hours, and early signs in viper bites (rattlesnakes, etc.) may be puzzling at times, therefore persons known or thought to have been bitten by a venomous snake should be kept under close observation (hospital best) for 24 hours.

Treatments for snakebite are ancient and in variety "limited only by the scope of human imagination." The oldest of these are still in use, with modifications of improved technology, and include ligature, incision and suction, plus more or less surgical excision around the bites. Experimental studies with radioactive isotope-labelled rattlesnake venom have shown that 50% of venom (subcutaneous) can be removed by suction started within three minutes of injection, and 20 to 30% after even three hours. However, both experimental and clinical evidence show little value in incision and suction begun more than 30 minutes after viper bites and at any time for elapid bites (coral snakes, cobras, etc.). Debridement of rattlesnake and cottonmouth bites (after ligature) has shown good results. In one series 58% showed evidence of venom as deep as muscle. Despite certain hazards, Minton states that "antivenin is the most effective therapy for life endangering snakebite." He gives considerable data on this, including the hazards. It would be well to read his discussion on page 172, especially. He condemns the technique of ligature and cryotherapy. Treatment may have to include tracheostomy plus a respirator, shock therapy, transfusions, antibiotics, and even hemodialysis.

Amphibians have no appartus for injecting venom, but many do produce toxic secretions from skin glands—for instance, toads, salamanders and certain tropical American frogs. There are about 3,000 species of lizards but only two of these are venomous: the Gila monster and the Mexican beaded lizard. "Virtually all instances of human injury by these lizards have resulted from attempts to capture the animal or from the handling of captive individuals often following considerable provocation of the reptile." There is no specific antivenin, and treatment is symptomatic.

Among mammals, there are two lines having a well developed venom apparatus: Monotremata (platypus and echidna), restricted to Australia, Tasmania and New Guinea, and some insectivora, such as the short tailed shrew, which is abundant in forests of the eastern U. S., and the European water shrew. Shrews are not aggressive but will bite if roughly handled, resulting in possible transient discomfort but perhaps in pain and edema lasting for two weeks.

The book is well printed and bound and contains few typographical errors. It certainly should be in every medical library and many physicians in suburban or rural areas will want it for their own bookshelf.

A. W. CAVINS, M. D.
Terre Haute

HUMAN RIGHTS IN HEALTH

Ciba Foundation Symposium #23, held in July 1973, edited by G. E. W. Wolstenholme with Katherine Elliott and Julie Knight, co-editors, Elsevier Publishing Co., 1974; 295 pages; two-dozen participants.

This symposium is most instructive for several reasons. Up until just the past century, we had the lords of the manor with their rights of all the varieties of "Justice," the High, the Middle and the Low; and then we had the serfs by whatever name we chose to call them: moujiks, fellaheen, slaves or whatever. Only within the last century, has the conscience of mankind recognized that we are all human beings—no matter how lowly some of our origins may be. So—in this colloquium —we discourse on the HUMAN RIGHTS in HEALTH—of *all* of us, the undeveloped Third World included. The most basic and elementary of these are 1) safe water to drink, 2) sufficient food, 3) protection against communicable disease and 4) access to means of controlling fertility!

The whole thing makes for fascinating reading but I wish to concentrate on item four—possibly because I've lectured on this topic for many years.*

In briefest possible essence, this symposium—yet again—underscores the grimmest of facts: Population growth is outrunning the available food supply. We are all too tardy in taking effective measures to attain Zero Population Growth: Most assuredly, if we don't wake up and bestir ourselves NOW, Malthus and the Four Horsemen of the Apocalypse will take over and shrink the world's population: unless the nuclear bombs will be activated first. And: let's quit on this "cheerful" note!

ARNOLD LIEBERMAN, M.D.
New York City

CARDIOVASCULAR DISEASE—NEW CONCEPTS IN DIAGNOSIS AND THERAPY

Proceedings of the Fifth Annual Symposium of the American College of Cardiology—edited by Henry I. Russek assisted by some 65 contributors. University Park Press, Baltimore, 1974; $29.50; 520 pages with numerous exquisite color plates, tables, illustrations and sketches.

Dr. Russek has exceeded all my expectations in these balanced and well condensed chapters giving the reader an all around look at the newer techniques of present day aggressive therapy of just what the title states: "New Concepts." Some 15-odd years ago, he was outstanding at a meeting of the Inter-

*"World Population Explosion" A. Lieberman, M.D., *Medical Proceedings of the South African Journal*, Jan. 21, 1967, Vol. 13, #2, pp. 35-39.

"The Accelerating World Population Crisis," A. Lieberman, M.D., LEX et SCIENTIA Vol. 5, #1, March, 1968, pp. 36-41.

national College of Angiology that I attended down in San Juan. The passing years have only sharpened his keen perceptions and teaching skills.

The chapter on "Changing Scene in Rheumatic Fever" by George Griffith (pages 347-358) tells the score in a succinct nutshell, a topic that is—usually—less well presented in many more pages.

I was also intrigued by the article by T. Shimamoto on Atherogenesis and its actual treatment by a substance of which I had only heard—very vaguely: *pyridinolcarbamate!* Apparently this is still considered an experimental drug, for I could not find it listed in any pharmacology text, no matter how recent. The colored plates illustrating the results obtained are too marvelous for mere encomiums! When will the FDA release it for general use in therapy of PVD and coronary occlusions?

The binding, paper and printing are superb, doing justice to the text! Congratulations to all and sundry who had the task of making this monograph available to American scientists and just plain M.D.s.

ARNOLD LIEBERMAN, M.D.
New York City

HALLUX VALGUS AND ALLIED DEFORMITIES OF THE FOREFOOT AND METATARSALGIA

Hampar Kelikian, M.D., W.B. Saunders Company, Philadelphia, 1965; 503 pages with innumerable illustrations; $19.50.

It is quite true that I've known Dr. Kelikian these lengthening decades so that my claim to an impartial appraisal may be somewhat clouded. However, this orthopedic volume appeals to me from the viewpoint of a G.P. and an internist.

The language is as simple, concise and crisp as is consistent with clarity. The x-rays are splendidly chosen and the accompanying diagrams *do* make the abstruse simple! The various corrective procedures are dealt with in similar fashion.

The paper, binding and large type are what one expects from a well established publishing concern. I saw only a couple of trifling typographical errors. All in all: just what the doctor ordered for that painful bunion.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

PIGMENT VS CHOLESTEROL CHOLELITHIASIS: COMPARISON OF STONE AND BILE COMPOSITION

B. W. Trotman et al. (R. D. Soloway, Univ. of Pennsylvania Hosp., Philadelphia 19104)

Am. J. Dig. Dis. 19:585-590 (July) 1974.

A comparative study was made of gallstone and gallbladder bile composition from 100 unselected American patients, 23 with pigment and 77 with cholesterol cholelithiasis. Cholestrol stones were predominantly composed of cholesterol, whereas pigment stones were mainly composed of an unidentified residue, bilirubin, and bile salts. The residue in pigment stones was not calcium bilirubinate, which sharply contrasts with the composition of bile pigment calcium stones found in Japanese subjects. Bile composition of the two groups differed in that the cholesterol content of biles surrounding pigment stones was significiantly less than that of biles surrounding cholesterol stones. Bilirubin in biles was conjugated, but the pigment extracted from stones was unconjugated bilirubin. Pigment stones account for an appreciable percentage of gallstone specimens found at cholecystectomy, and pigment stone formation involves the precipitation of bilirubin, bile salts, and unidentified material which is not calcium bilirubinate.

RELATION BETWEEN BENIGN PROSTATIC HYPERPLASIA AND CANCER OF PROSTATE

H. K. Armenian et al. (A. M. Lilienfeld, Johns Hopkins Univ., School of Hygiene and Public Health, Baltimore 21205)

Lancet 2:115-117 (July 20) 1974.

Prospective and retrospective epidemiological studies were conducted to study the relation between benign prostatic hyperplasia (BPH) and prostate cancer. In the prospective study,

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296 patients with BPH and 299 age-matched controls were traced until death or Dec 31, 1972. The age-adjusted death rate from prostate cancer was three to seven times higher in the BPH group than in the controls. For the retrospective study, hospital records of 290 patients with prostate cancer and 290 age-matched controls were compared. Matched pair analysis of the antecedent hospital admissions revealed a relative risk of five to one for prostate cancer in patients seen earlier for benign prostatic enlargement. These findings suggest the need for a controlled clinical trial of prostatectomy as a preventive measure for prostatic cancer in symptom-free BPH patients who have additional epidemiological characteristics associated with a high risk for prostate cancer.

ASSOCIATION OF REYE SYNDROME WITH VIRAL INFECTION

C. C. Linnemann, Jr., et al. (Univ. of Cincinnati College of Medicine, Cincinnati 45219

Lancet 2:179-182 (July 27) 1974.

From January to March, 1974, 24 cases of Reye syndrome (encephalopathy and fatty liver) were diagnosed in Cincinnati, Ohio. The epidemic coincided with an epidemic of influenza B, intermediate type. In 18 of 23 patients (78%) on whom viral studies were done, an acute viral infection was found in either the patient or a close contact with similar prodromal symptoms. Influenza B infection was confirmed in 12 patients and 12 contacts, although influenza A, parainfluenza 1, adenovirus, and varicellazoster virus infections also occurred. In four patients there was evidence of two different viruses infecting the patients or their contacts. Cellular immunity was studied in six patients and responses to phytohemagglutinin and specific viral antigen were normal. This is the first epidemic of Reye syndrome in which the association with viral infection has been confirmed in most patients by virological techniques. Impaired cellular immunity could not be implicated as the cause of the unusual response to infection.

SAFETY EVALUATION IN HOME OF POLYVINYL CHLORIDE RESIN STRIP CONTAINING DICHLORVOS (DDVP)

J. S. Leary et al. (Shell Chemical Company, One Shell Plaza, Houston 77001)

Arch. Environ. Health 29:308-314 (Dec.) 1974.

In a period of two years a series of three-home studies involving 26 families in Arizona was conducted to further evaluate the safety of the dichlorvos (DDVP)-containing insecticide strip. Physical examination, hematologic and clinical chemistry measurements, blood cholinesterase assays, and analysis of air and food for dichlorvos were carried out. Exposures were designed to be exaggerated in that strips were used throughout the homes (averaging 7 to 11 per home) and replaced with fresh ones, either every three months for one year or monthly for six months. Throughout the studies, all examinations and measurements revealed no adverse effect on health. The red cell cholinesterase activity also remained unaffected. A slight plasma cholinesterase depression of no toxicological importance was observed in the study where the strips were replaced monthly over six months. In homes containing eight



DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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to 18 strips, maximum air and food concentrations of dichlorvos averaged approximately 0.13 mg/cu m and 0.12 ppm, respectively.

SODIUM CROMOGLYCATE BP IN PREVENTION OF EXERCISE-INDUCED ASTHMA

A. R. Morton (Dept. of Physical Education, Univ. of Western Australia, Nedlands, Australia) and K. D. Fitch
Med. J. Aust. 2:158-162 (Aug. 3) 1974.

Twenty-two asthmatics and ten control subjects undertook standardized submaximal exercise on two ergometers, the treadmill and the bicycle, to study the effect of sodium cromoglycate BP (formerly disodium cromoglycate) (DSCG) taken before exercise on exercise-induced asthma. Utilizing a double-blind crossover technique, the order of exercise testing and administration of DSCG and placebo were randomized. Control subjects exhibited no marked variation in ergometer work loads or lung volumes after exercise. Inhalation of DSCG 15 minutes before exercise afforded important protection from exercise-induced asthma in 77.2% of asthmatic subjects. Wide variation of the response after exercise was observed, ranging from complete protection (45.5%) to failure to prevent asthma (22.8%). Exercise-induced asthma which occurred after DSCG inhalation was of shorter duration than that occurring after placebo. Amelioration of exercise-induced asthma by DSCG was noted to be independent of the age of the patient, initial airways resistance, and previous exposure to DSCG therapy. DSCG is considered an excellent preexercise agent to assist in normalizing the sporting and physical recreational activities of asthmatics.

PNEUMOPERITONEUM IN VENTILATED NEWBORNS

J. C. Leonidas et al. (Children's Mercy Hosp., Kansas City, Mo. 64108)
Am. J. Dis. Child. 128:677-680 (Nov.) 1974.

In a two-year period 222 newborn infants were treated with ventilatory assistance, mainly for severe idiopathic respiratory distress syndrome. Nine of these infants had radiographic evidence of pneumoperitoneum, four of them in the absence of gastrointestinal perforation. The presence of pulmonary air leaks (pulmonary interstitial emphysema, pneumomediastinum, pneumothorax) correlated poorly with the presence or absence of perforation. Upright abdominal roentgenograms demonstrated intraperitoneal air fluid levels in a patient with perforation and peritonitis; such air fluid levels were absent when pulmonary air leak was the cause of pneumoperitoneum. Water soluble contrast medium positively identified an ileal perforation in one patient.

COMPLETE AND INCOMPLETE REVASCULARIZATION AT AORTOCORONARY BYPASS SURGERY: EXPERIENCE WITH 392 CONSECUTIVE PATIENTS

L. F. McNeer et al. (R. A. Rosati, Box 3337, Duke Univ. Medical Center, Durham, N.C. 27710)
Am Heart J. 88:176-182 (Aug.) 1974.

This report presents experience with complete and incomplete revascularization in 392 consecutive patients undergoing aortocoronary artery bypass surgery. Patients were considered to have had complete revascularization only if all major coronary arteries with 70% occlusion received at least one bypass graft. Patients were considered incompletely revascularized if any vessel with a 70% or more occlusion did not receive at least one bypass graft. The completely revascularized cohort contained 186 patients and the incompletely revascularized cohort contained 206 patients. The survival of the completely and incompletely revascularized cohorts was compared postoperatively and at 6, 12, and 24 months using the Chi-square test. Relief of anginal pain was compared at 6, 12, and 24 months using the Chi-square test. Analyses were repeated after stratifying for number of vessels diseased. The subgroup with one vessel diseased was, by definition, completely revascularized. No significant difference in survival or relief of anginal pain was demonstrated in the total group or in subgroups with two and with three vessels diseased. Complete revascularization is not closely coupled to two-year survival or relief of anginal pain. ◄

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FUTURE MEETINGS, SEMINARS, COURSES

IUMC Announces February Courses

The Division of Postgraduate Medical Education, Indiana University School of Medicine, announces the following courses for February:

Fourth Annual Fred H. Priebe Memorial Symposium on Arthritis: cosponsored by Arthritis Foundation, Indiana Chapter; Feb. 5, at the Indianapolis Hilton.

This one-day symposium will stress current trends in diagnosis and therapy. It will be oriented to patient care and will emphasize practical application of principles in the care and treatment of common arthritic problems. The program will be presented by an outstanding guest faculty who have been selected for their teaching ability and recognized leadership in their respective fields.

Everyday Dermatology, Feb. 19.

A one-day review course of common cutaneous problems. The subjects to be discussed will be those presented to the course director by family practice physicians. Emphasis will be placed upon treatment and management. Review to be presented by members of the Department of Dermatology.

Diabetes Mellitus—Pathogenesis, Practical Aspects of Management, Feb. 27.

The multiplicity of problems that concern the diabetic make it necessary for all physicians to review the subject periodically. This symposium has been arranged with the idea of offering practical help to the clinician directly concerned with management of diabetic patients. All the faculty are directly concerned with patient care as well as with various research activities in the diabetes field.

For further information, contact the Division of Postgraduate Medical Education at the Medical Center, 1100 W. Michigan St., Indianapolis 46202.

Tenth Annual Meeting Scheduled

The Tenth Annual Meeting and Scientific Assembly of the American Society of Contemporary Medicine and Surgery will be held at the Americana Hotel, Bal Harbour, Florida, March 2 to 7. The meeting will carry 40 to 50 hours CME accredited by the AMA. For full information and complete program write to Dr. John G. Bellows, 30 N. Michigan Ave., Chicago 60602.

Variety of Subjects to Be Discussed at AMA's National Medicolegal Symposium

The National Mediolegal Symposium for 1975 will be held on March 14 and 15 at the MGM Grand Hotel, Las Vegas, Nevada. A distinguished faculty of the legal and medical professions will present such subjects as Life and Death in the 21st Century, Scientific Manipulation of the Unborn, Malpractice Litigation and Governmental Interference. For full particulars write the Symposium in care of the AMA, 535 N. Dearborn, Chicago 60610

Programs Announced by ACEP

The American College of Emergency Physicians Symposium —NEXUS 75—will be held in Palm Springs March 19-20. The ACEP Winter Workshop will be on March 17 and 18. Registration fee for ACEP members is $110, for non-members $135. Write the College at 241 E. Saginaw St., East Lansing, Mich. 48823.

Symposium on Polytomography Of Temporal Bone Announced

The 11th two-day Symposium on Polytomography of the Temporal Bone will be given under the auspices of The Wright Institute of Otology at Community Hospital, Indianapolis, on April 26 and 27.

Subjects covered are: "Basic Anatomy of the Temporal Bone" and "Technique of Polytomography of the Temporal Bone" with demonstrations of normal tomograms. Pathological conditions revealed by polytomography, such as cholesteatoma, ossicular chain problems, otosclerosis, fractures, foreign bodies, tumors and congenital anomalies are shown on original tomograms and the clinical applications discussed.

Number of registrants is limited to 18. Fee for the course is $250.

Inquiries should be directed to: The Wright Institute of Otology, Inc., Community Hospital of Indianapolis, Inc., 1500 North Ritter Ave. Indianapolis 46219.

Children's Medical Center Program

A symposium on "Care of the Critically Ill Child" will be conducted by the Children's Medical Center, 1735 Chapel St., Dayton, Ohio 45404, on March 26. The fee is $20. Write the Center to register or obtain further information.

Ochsner Foundation Schedules Course

The Alton Ochsner Medical Foundation, Charity Hospital, Louisiana State University and Tulane University, will conduct a course in "Emergency Room Medical-Surgical Care," at the Ochsner Foundation Hospital, New Orleans, April 7 through 19. The fee is $400. Registration is limited to 14. Write Ochsner Medical Foundation, 1514 Jefferson Highway, New Orleans 70121.

ACS to Conduct Postgraduate Course

Postgraduate course for nurses involved in emergency care will be conducted by the College of Surgeons at the Pfister Hotel, Milwaukee, May 1 and 2. The tuition of $75 includes text material, all luncheons and a reception. Write Dr. Joseph C. Darin, 8700 W. Wisconsin Ave., Milwaukee 53226.

University of Kentucky to Present Symposium on Genitourinary Radiology

A Symposium on Genitourinary Radiology will be conducted May 14 to 16, at the University of Kentucky at Lexington. Registration fee is $225. Each registrant will be mailed a set of slides of unknown case presentations. Write to Frank R. Lemon, M.D., University of Kentucky, Lexington 40506.

Conference on Gynecologic Cancer To Be Held by ACS at Philadelphia

The National Conference on Gynecologic Cancer will be conducted by the American Cancer Society at the Marriott Hotel, Philadelphia, September 18 to 20. Advance registration is requested. There is no registration fee. The course is ac-

ceptable for 15 credit hours for AMA Physician's Recognition Award and 15 elective hours for the AAFP. Write Sidney L. Arje, M.D., 219 E. 42nd St., New York City 10017.

Michigan Medical Center Announces Upcoming Courses

Courses planned for the next few months have been announced by the University of Michigan Medical Center, as follows:

Jan. 20-24	Family Practice Review
Feb. 13	Continuing Pathology Conference
18-20	EKG Diagnosis
25-28	Emergency Medicine (ACEP)
Mar. 5-6	Advances in Pediatrics
10-11	Surgical Complications: Prevention and Management
20-21	Morphology of the Blood and Marrow
31	OB-GYN Conference
Apr. 7 - May 2	Surgical Anatomy Review
Apr. 10	Continuing Pathology Conference
16	Orthopedics in Family Practice
28	Continuing Pathology Conference
28-29	Human Sexuality Workshops
May 1-2	Ophthalmology Conference
7	Medicine and Law II
13-14	Common Problems in Treatment and Drug Therapy
June 3-6	Advances in Internal Medicine
23-27	Northern Michigan Summer Conference (at Belaire)

With the exception of the last one listed, all courses will be held at the Towsley Center for Continuing Medical Education, in Ann Arbor.

For further details, write Robert K. Richards, Director, Office of Intramural Education, G 1109 Towsley Center, University of Michigan, Ann Arbor 48104.

University EMS Group to Meet

The Annual Meeting of the University Association for Emergency Medical Services will meet May 20 to 24, 1975 at Bayshore Inn, Vancouver, B.C., and in 1976 on May 10 to 16 at the University Hilton Hotel, Philadelphia. The fee for the 1975 meeting is $60 for all except residents, for whom it is $30. Correspond with Arthur E. Auer, Exec. Secy., P.O. Box 1241, East Lansing, Mich. 48823.

Speaker's Bureau on CME Set Up

A continuing medical education program for practicing physicians is maintained by the American Society for Clinical Pharmacology and Therapeutics. The Society has a speakers bureau and will provide selected speakers for medical programs. The host organization pays the speaker's honorarium and expenses. Write Mrs. Elaine Galasso, 1718 Gallagher Road, Norristown, Pa. 19401, for information. ◄

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TATTLETALE BOOKKEEPER

Parker, a businessman, was systematically cheating on his income taxes. One day his conscience-stricken bookkeeper took several incriminating documents out of Parker's safe and handed them over to the Internal Revenue Service.

In short order, Parker was charged with income tax evasion. But in court he insisted that the evidence, having been taken illegally, could not be used against him.

"This clearly falls under the Fourth Amendment," he said, "which forbids unreasonable search and seizure."

However, the court held the evidence admissible and Parker guilty. The court said the constitutional ban applies only to searches by government agents, not by private individuals.

Courts generally agree. They say the Fourth Amendment was designed to protect citizens from prying by the government, nothing more. Although the private searcher may indeed be committing an offense, the evidence that he finds remains acceptable.

The same is true if the evidence is discovered purely by accident. In another case, a departing guest in a motel left a suitcase in his room. The manager, peeking into the suitcase, noticed some odd-looking checks. These he reported to the police.

Result: the guest was arrested for possessing forged checks. The judge said that even though the manager had no right to look into the suitcase, the evidence he found was nevertheless admissible in court.

But the rule changes when the search, although conducted by a private person, is done at police instigation. Another motel manager told a policeman that he suspected one of his guests of being a drug pusher. Instructed to search the man's room, he did so—and found heroin.

But this time, the evidence was rejected in court because of the police role in the search.

"The search was just as 'official'," said the court, "as though the officer had acted in person."

A public service feature of the American Bar Association and the Indiana State Bar Association. Written by Will Bernard.

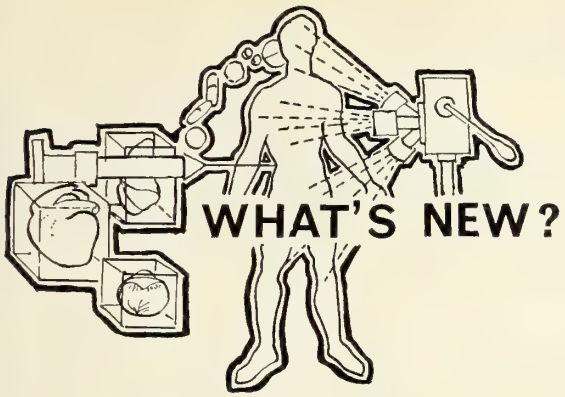
© 1974 American Bar Association

Another Reason for Locking Your Car

A court in Philadelphia held a car owner liable in a $21,500 damage suit on the grounds that he invited the theft of his car by leaving the keys in it. The stolen car was subsequently involved in a serious accident.

The suit was filed by a couple and their two children who were injured when the stolen car struck their vehicle.

The jury decided that the owner had shown negligence by leaving his keys in his car in a neighborhood where it was reasonable for him to expect the car to be stolen.



Hedeco announces GASTRO-TEST, a unique device for rapid determination of stomach acid without intubation. It consists of a weighted gelatine capsule in which is coiled a cotton string. The capsule is swallowed while holding one end of the string. The capsule dissolves, the weight passes on through and the string is withdrawn and tested by indicator pH stick.

* * *

Simpson Electronics has a new versatile Ground Fault Detector. It is an instrument which may be used to detect a bad electrical ground. It is small and cordless and is ideal for hospitals and physicians' offices. Its use is said to assure that all electrical outlets are grounded and that medical equipment is properly grounded and shock free.

* * *

Behavioral Publications has released a new book titled "Sound Sex and the Aging Heart." It discusses sex in the mid and later years with special reference to cardiac problems, the principal conclusion being that there aren't any serious problems. 169 pages, $7.95, hardbound.

* * *

Posey's Skin Cream was originally formulated to protect skin under long-term limb holders and restraints. Posey has a new medical Skin Cream now which is recommended for diaper rash, urine scald, diarrheal dermatitis, rectal itch, minor burns and skin abrasions. Makes a good hand cream too. Free samples are available by writing Phillip J. White, c/o Posey, 39 S. Altadena Drive, Pasadena, Calif. 91107.

* * *

Gould has a new biophysical blood pressure computer for monitoring patients' pulsatile blood pressure. The unit provides an analog output of the total dynamic waveform for recording. It also derives from that waveform, and presents in both digital and analog form, discrete data on systolic pressure, diastolic pressure, pulse pressure, average pressure, rate of change of pressure and pulse rate.

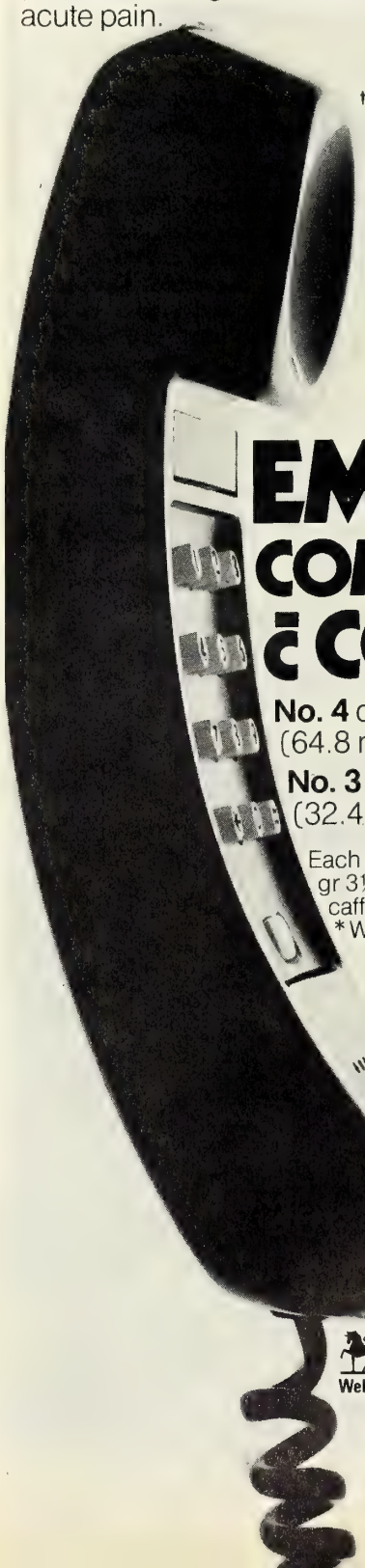
* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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† The exceptions: Alaska, Arizona, Maine, Oregon, Rhode Island, and the District of Columbia.



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ROCOM™ PRESS has assembled material, originally published by Roche Laboratories as a series of booklets, into handsome bound volumes as HANDBOOK OF DIFFERENTIAL DIAGNOSIS. Volume 1 covers the chest, volume 2 covers the abdomen and consists of 2 parts. Each of the three volumes is listed at $24.50, all three for $65.

* * *

The J. T. Posey Company of Pasadena announces a new catalog of hospital and convalescent home products. Included in the listings are many new products as well as those products which have been improved. Write Posey at 6604 W. Irving Park Rd., Chicago 60634 for a free copy.

* * *

Behavioral Publications announces "Women: A Bibliography on their Careers and Education." It is a comprehensive collection of abstracts edited by the authors. The handy summaries of the major literature will be time-savers for the academic researcher as well as anyone interested in the educational and occupational status of women. 243 pages, $10.95, hardbound.

* * *

Harvard Apparatus announces a new and improved "Harvard Clamp." It is designed specifically to maintain back pressure on a kidney dialyzer or heart lung machine. It will also regulate I.V. drip rates very accurately. It is larger than its predecessor and will fit on larger tubing sizes. The adjusting knob is larger and more convenient.

* * *

J. J. Keller and Associates have published "Metric System Guide—Volume I." It is the first such guide in the U.S. and deals with orientation and structure of metrication. It and succeeding volumes will be updated continuously on a monthly schedule. Volume I is now available for $59.

* * *

Dell Publishing announces a new, popular priced edition of "Love and Will" by Dr. Rollo May. The message is "why and how we must put sex and love back together again." Dr. May is a practicing psychoanalyst who writes for public consumption with a serious approach to mental health. The mass-market edition goes for $1.75.

* * *

The Medical Group Management Association, composed of medical group business administrators, provides a wide range of services to help in improving management in medical groups. It is concerned principally with medical group clinics. As a result of inquiries, MGMA is now offering packages of medical management services to physicians, whether in solo or group practice. The package is $50 per year for physicians in clinics represented by MGMA, and $75 for other physicians. For further information write MGMA, 4101 E. Louisiana Ave., Denver 80222.

* * *

Doubleday has just released "ARTHRITIS: Complete, Up-to-Date Facts for Patients and Their Families." It is written by Sheldon Paul Blau, M.D., and Dodi Schultz. Dr. Blau is Chief of the Arthritis Clinic at Nassau County Medical Center. The authors caution that ARTHRITIS is designed to supplement, not to replace, expert medical advice.

* * *

Teach 'em, Inc., of Chicago, has a new system, called Medical Translator™, which provides for communication with patients who speak only Spanish. It is a pre-recorded Spanish audio tape of medical questions. The desired question or statement may be dialed and then reproduced in sound by pushing the playback button. The system has been tested at the Evanston Hospital.

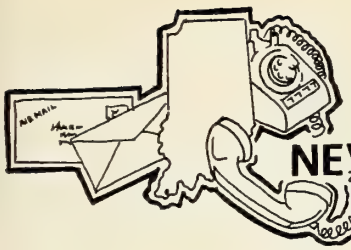
* * *

American Map Company announces a new line of 11 antique reproductions of Revolutionary War battle maps. The originals were the work of British combat map makers and trace the war from Bunker Hill to Yorktown. They are available in bookstores or may be purchased from the company by mail for $5.35 each. Write to 1926 Broadway, New York City 10023.

* * *

Anchor Press has released "Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts and Pushers." The author is psychiatrist Thomas S. Szasz, M.D. Dr. Szasz is labeled as "controversial" and his theme as "iconoclastic." The book sells for $6.95.





NEWS NOTES

Hartford Foundation Continues Funding of Twin Studies at I.U.

A variety of studies on twins will be continued at the Indiana University Medical Center in Indianapolis under a new grant of $192,622 made for a three-year period by the John A. Hartford Foundation of New York City.

The grant was announced jointly today by Harry B. George, president of the Hartford Foundation, and Dr. John W. Ryan, I.U. president and chairman of the board of the Indiana University Foundation, to which the grant was made.

The Hartford Foundation has supported work in the Department of Medical Genetics at the I.U. School of Medicine since 1970. Previous awards total $313,760.

Entitled "A Search for Evidence of Cytoplasmic Inheritance in Man," the research involves studies of the Indiana University twin panel, a group of nearly 500 pairs of twins which is one of the largest active research panels of its kind in the world. The department now is trying to increase its list of identical and fraternal twins, and is engaged in a study of newborn twins through cooperation with Methodist, General and the University Hospitals. The group also is conducting a number of studies on adolescent twins.

One project cited by researchers as an example of the studies they are making is designed to determine if massive doses of vitamin C really prevent colds, as postulated by controversial Nobel Prize Winner Linus Pauling. Forty sets of identical twins will participate in this double blind study—one twin of each set receiving vitamin C and the other receiving a substitute, with a comparison being made at the end of a certain period.

Other studies are being made of the offspring of identical twins. Older twins who are students in the Indiana University system are being identified and asked to participate in still other studies.

Dr. Walter E. Nance, professor of medical genetics at the Medical Center, said that the support available from the previous Hartford Foundation grant has permitted the establishment of a twin panel that has proved to be a unique resource for investigators on the Bloomington and Lafayette campuses as well as at the Medical Center, and has contributed to the development of Indiana University's Department of Medical Genetics, under the chairmanship of Dr. A. D. Merritt, into one of the major research teams in human genetics in the country.

Dr. Hill Named to Airport Board

Dr. Lloyd Hill, Peru, was recently named to a four-year term on the Peru Aviation Commission. Dr. Hill and his wife, Roberta, are both licensed pilots. He is a member of the Flying Shriners, Fort Wayne.

ISMA Awards Bonds to 4-H Clubs

At the recent Health and Safety Day achievement program for 4-H clubs and their members, representatives of three 4-H clubs received bonds for promoting immunization in their respective counties. The Indiana State Medical Association donated the bonds, which were presented to Karen Stenger, Dearborn County; Peggy Dunwoody, Cass County, and Mike Purtzer, Vanderburgh County.

Dr. Beering Keynote Speaker

Dr. Steven C. Beering, dean of the Indiana University School of Medicine, was the keynote speaker at the celebration of the opening of the new medical education facilities at Reid Memorial Hospital, Richmond. **Drs. William R. Stilwell,** chief of staff, and **Paul S. Rhoads,** director of medical education, also participated in the program.

M.D.s Warned on Signing Contracts

The Montgomery, Ala., Baptist Hospital has asked its staff physicians to sign a contractual agreement whereby the physician agrees to defend and indemnify the hospital against loss occurring because of negligence on the part of any member of the paramedical group performing duties under the direction and control of staff physicians. The Medical Association of the State of Alabama advises its members that, before signing such an agreement, each physician should consult the insurance carrier. "Most professional liability insurance policies exclude any contractual liability the physician may assume."

Takes Part in Stroke Workshop

Dr. George N. Lewis, Bloomington, president of the Monroe County Heart Association, participated in a "stroke workshop" at Bloomington recently which was cosponsored by Bloomington Hospital and the Southeast Indiana Division of the American Heart Association.

Continued

HELP FOR THE CONGENITALLY HANDICAPPED CHILD It wasn't so long ago that congenitally handicapped children were allowed to reach school age or even later before being fitted with a prosthesis. In recent years, experience has shown that fitting at an earlier age produces more effective results—both mentally as well as physically. HANGER provides individually designed prostheses to give aid to the congenitally handicapped child. Children wth "HANGER PROSTHESES" can live normal lives. Using their HANGER appliances they exercise freely, ride bicycles, roller skate, play basketball, tennis, and engage in most of the activities like other growing children. These activities enable the child to become self-reliant. Each HANGER prosthesis follows much the same design as those for the adult, but utilizes specially developed components of appropriate size, thus providing a smoother transition as the child grows into adulthood. HANGER also provides devices and techniques for the initial fitting of infants and problem cases. Training of children in the use of their prosthesis is highly desirable, even though children present some problems not seen in adults. Since the attention span of young children is short, extreme patience is required. Some handicaps make an ideal gait-pattern difficult if not virtually impossible to achieve. It should be noted that complete cooperation of the parent is necessary regardless of the experience and ability of the therapist. (Often the parents pass on a sense of guilt that is completely unfounded as there are no known preventive methods to combat the problem of a congenital handicap.)

Hanger PROSTHESES

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312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

Dr. Studebaker Honored at LaGrange

A reception was held recently in honor of **Dr. Lloyd R. Studebaker's** 22 years of practicing medicine in LaGrange County. The reception was hosted by the LaGrange County Hospital Board of Trustees and administration.

Blood Sugar Topic at Diabetes Meeting

Dr. Donald C. Chambers, Fort Wayne, spoke on blood sugar at a recent meeting of the Fort Wayne Diabetes Association. Parkview Memorial Hospital dietitians also participated in the program.

Dr. Zallen Succeeds Dr. Horst

Dr. Stanley G. Zallen, Hammond, was recently named to the Lake County Health Board. He will fill out the unexpired term of **Dr. William N. Horst of Crown Point.** The Lake County Commissioners accepted Dr. Horst's resignation with "reluctance" and commended him for "his dedication" during his tenure, which began in 1969.

Heart Disease Subject of Sessions

Dr. Joyce Byllesby, pathologist at Culver Hospital, was one of the faculty at a series of four sessions for registered nurses and licensed practical nurses held at Wabash College recently. Sponsoring agencies were the Crawfordsville Committee for Continuing Education for Nurses and the Montgomery County and Indiana units of the American Heart Association.

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ARNOLD H. KAMBLY, M.D.
Psychiatrist-Director

Six Physicians Serve as Advisers

Six Columbus physicians are serving as advisers to the newly organized Medical Careers Club for high school pupils from Bartholomew and Brown counties. They are: **Drs. H. J. Echsner, E. L. Probst, D. L. Sandlin, W. E. Cooper, R. W. Bush and Dr. B. L. Weisenberger.** The club is sponsored by the Brown-Bartholomew County Medical Society and the Bartholomew County Hospital.

Dr. Virginia Bond on Program

Members of the International Childbirth Education Association, a non-profit federation of groups and individuals interested in family centered maternity care, held a two-day conference at the Indiana University School of Nursing recently. **Dr. Virginia Bond,** anesthesiologist at the I.U. Medical Center, was one of the speakers.

FDA Offers Four Free Publications

Two publications on poison prevention are offered by the U.S. Food and Drug Administration for physicians to distribute to their patients during the month of March, when National Poison Prevention Week is scheduled. They are (leaflet) "We Want You to Know About Preventing Childhood Poisonings," and (comic book) "Dennis the Menace Takes a Poke at Poison."

Two brochures concerning non-prescription medicines are also offered. These are: "We Want You to Know About Labels on Medicines," and "We Want You to Know What We Know About Medicines Without Prescriptions."

To obtain a supply of any of these booklets, write to: U.S. Food and Drug Administration, Consumer Affairs Officer, 575 N. Pennsylvania, Indianapolis 46204.

Seeks Papers of Dr. Josiah Bartlett

The New Hampshire Historical Society is sponsoring a project to edit the papers of Josiah Bartlett (1729-1795). Dr. Bartlett, one of the signers of the Declaration of Independence, was a prominent physician. Persons having knowledge of the existence of correspondence to or from Bartlett or of other papers written or signed by him are requested to contact the Society at Thirty Park St., Concord, N.H. 03301.

Pamphlet for Patients About Medicines, Catalog of Films, Publications Offered

The PMA has released a revised edition of the 8-page pamphlet "The Medicines Your Doctor Prescribes—A Guide for Consumers." It is written with the knowledge that patient non-compliance with recommended drug therapy and lack of patient knowledge in general can produce major medical problems. This pamphlet and "Key Facts," a booklet of basic information about the industry and "The Story of Health," a catalog of films and publications in the public interest are available by single copies without charge by writing Pharmaceutical Manufacturers Association, 1155 Fifteenth St., N.W., Washington, D.C. 20005.

INDIANA STATE MEDICAL ASSOCIATION

Financial Statements
September 30, 1974
With
Supplementary Schedules

Indianapolis

October 29, 1974

Board of Trustees,

Indiana State Medical Association,

Indianapolis, Indiana

We have examined the statement of financial condition of the Indiana State Medical Association as of September 30, 1974, and the related statements of general fund income and expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements present fairly the financial position of the Indiana State Medical Association at September 30, 1974, and the results of its general fund operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles for organizations of this type applied on a basis consistent with that of the preceding year.

The accompanying supplementary schedules have been subjected to the tests and other auditing procedures applied in the examination of the financial statements mentioned above and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

GEO. S. OLIVE & CO.

Certified Public Accountants

EXHIBIT A

INDIANA STATE MEDICAL ASSOCIATION

Statement of General Fund Income and Expense

Year Ended September 30

	Year Ended September 30		
	1974 Budget	1974 Actual	1973 Actual
INCOME:			
Dues	$449,752	$457,664.38	$439,715.00
Less: Dues allocated as follows:			
American Medical Education fund	21,000	20,660.00	20,407.50
Building fund	40,750	41,378.75	40,780.00
Medical Defense fund	5,093	5,172.35	5,097.50
The Journal	24,750	25,487.25	24,982.50
	91,593	92,698.35	91,267.50
Dues available for general fund operations	358,159	364,966.03	348,447.50
Other income:			
Investment income	17,500	36,984.01	22,582.95
Amounts received from American Medical Association	5,000	4,031.68	4,151.80
Miscellaneous income	11,600	7,139.16	10,621.90
	392,259	413,120.88	385,804.15
EXPENSE:			
Committees and commissions	62,135	29,234.43	28,410.10
Officers and board	51,520	52,920.03	42,727.96
General and administrative	256,160	250,229.82	250,229.90
The Journal— net operating loss	27,354	29,033.28	23,836.98
Annual meeting expense	20,000	20,192.85	6,438.10
	417,169	381,610.41	351,643.04
NET INCOME (LOSS)	$(24,910)	$ 31,510.47 (Exhibit C)	$ 34,161.11 (Exhibit C)

See accompanying notes to financial statements.

INDIANA STATE MEDICAL ASSOCIATION
Statement of Financial Condition

ASSETS	September 30 1974	1973
GENERAL FUND:		
Cash on deposit and on hand	$ 171,535.14	$ 87,522.85
Investments—at cost:		
U. S. Treasury bonds (market value $44,230 and $46,225, respectively)	55,135.05	55,167.37
U. S. Treasury bills (market value approximates cost)	186,936.43	179,829.30
Mutual fund shares (market value—$19,350 and $35,320, respectively)	32,140.34	31,038.50
Accounts receivable	28,448.92	24,999.70
Prepaid expense and miscellaneous assets	26,091.54	12,070.72
Office furniture and equipment—net of accumulated depreciation of $22,016 and $19,222, respectively	20,339.90	19,845.68
	520,627.32	410,474.12
BUILDING FUND—note 2:		
Cash on deposit	2,013.95	4,142.28
Cash in savings account	7,309.17	6,937.74
U. S. Treasury bills (market value approximates cost)	205,271.01	159,857.92
Prepaid and deferred expenses	768.03	865.88
Headquarters property;		
Land	69,187.60	69,187.60
Office building and improvements—net of accumulated depreciation of $87,849 and $79,685, respectively	243,435.06	252,769.54
	312,622.66	321,957.14
Rental properties—net of accumulated depreciation of $16,239 and $14,329, respectively	76,918.84	78,829.32
	604,903.66	572,590.28
STUDENT LOAN FUND:		
Cash in savings account	19,190.00	19,190.00
Certificates of deposit	20,810.00	20,810.00
	40,000.00	40,000.00
MEDICAL DEFENSE FUND:		
Cash on deposit	930.60	807.60
Cash in savings account	26,575.18	22,021.46
U. S. Treasury bonds (market value—$17,750 and $19,060, respectively)	25,314.67	25,323.40
	52,820.45	48,152.46
	$1,218,351.43	$1,071,216.86

See accompanying notes to financial statements.

LIABILITIES AND FUND BALANCES	September 30 1974	1973
GENERAL FUND:		
Accounts payable	$ 13,821.83	$ 5,347.47
Payroll taxes withheld	2,109.59	1,689.34
Accrued taxes	614.84	308.21
Allocation of dues payable to American Medical Education and Research Fund	20,660.00	20,407.50
Advances from American Medical Association	9,277.81	9,277.81
Unearned portion of current year dues	109,371.25	107,692.13
Exhibitors' deposits for annual meeting	19,533.25	13,920.00
Deferred income—public speakers bureau	41,320.00	
Advance from local health survey	19,148.74	
Lease contract payable	1,427.88	
Fund balance—exhibit C	283,342.13	251,831.66
	520,627.32	410,474.12
BUILDING FUND:		
Accrued taxes on rental properties	2,258.81	2,857.43
Damage deposits and accounts payable	3,127.43	706.25
Loans from members (non-interest bearing)	20,275.00	20,825.00
Fund balance—exhibit C	579,242.42	548,201.60
	604,903.66	572,590.28
STUDENT LOAN FUND:		
Fund balance—exhibit C:		
Principal balance appropriated from general fund—note 3	40,000.00	40,000.00
	40,000.00	40,000.00
MEDICAL DEFENSE FUND:		
Fund balance—exhibit C	52,820.45	48,152.46
	52,820.45	48,152.46
	$1,218,351.43	$1,071,216.86

See accompanying notes to financial statements.

EXHIBIT C

INDIANA STATE MEDICAL ASSOCIATION
Statement of Changes in Fund Balances

	YEAR ENDED SEPTEMBER 30, 1974			
	General Fund	Building Fund	Student Loan Fund	Medical Defense Fund
FUND BALANCES, BEGINNING OF YEAR	$251,831.66	$548,201.60	$40,000.00	$48,152.46
ADDITIONS:				
Net income—Exhibit A	31,510.47			
Restricted grant and contribution received for the purchase of office furniture and equipment		41,378.75		5,172.35
Dues allocated to restricted funds		15,997.69		2,090.49
Restricted income credited directly to fund balances				
Refund of prior years property taxes (including interest received of $7,308.66)				
	31,510.47	57,376.44		7,262.84
DEDUCTIONS:				
Headquarters building expense charged directly to building fund:				
Depreciation		9,334.48		
Utilities		7,423.88		
Repairs and maintenance		3,822.91		
Insurance		1,649.85		
Cleaning service		6,870.00		
Miscellaneous		2,522.50		
		31,623.62		
Less: Building expenses allocated to other activities		5,288.00		
		26,335.62		
Legal expenses charged directly to restricted funds				2,594.85
		26,335.62		2,594.85
FUND BALANCES, END OF YEAR—EXHIBIT B	$283,342.13	$579,242.42	$40,000.00	$52,820.45

See accompanying notes to financial statements.

INDIANA STATE MEDICAL ASSOCIATION
Notes to Financial Statements

NOTE 1—SIGNIFICANT ACCOUNTING POLICIES:

The Association was organized as the Indiana State Medical Society in 1849. The Articles of Incorporation were amended in 1926 to change the name to the Indiana State Medical Association. The purposes for which the Association was formed were to extend medical knowledge; advance medical science; elevate standards of medical education; enlighten the public in regard to problems of medical care, public health, cure of disease; thereby prolonging and adding comforts to life. The Association is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of Section 501 of the Internal Revenue Code as an organization formed and operated to promote the objectives outlined above.

The financial affairs of the Association are reflected in a number of self-balancing accounting entities referred to as funds as set forth in the accompanying financial statements. The financial results of the Association's day-to-day operations (including The Journal, the Association's monthly publication, but excluding its headquarters building operation) are reflected in the general fund, while the other funds include the financial activities of special operations or projects as indicated in the fund designation. Within these funds, the Association maintains its books and records on the accrual basis. Investments in securities, rental properties and various other assets reflected in the statement of financial condition are carried at cost if purchased or at market value at date of receipt if acquired by gift. Depreciable assets, including rental properties, are carried at cost and are depreciated on the straight-line method over the estimated useful lives of the respective assets.

NOTE 2—RESTRICTION OF BUILDING FUND ASSETS:

The building fund assets are restricted for the replacement of the headquarters building to the extent of the related accumulated depreciation of $87,849 at September 30, 1974.

NOTE 3—STUDENT LOAN FUND PRINCIPAL:

The Student Loan fund is a separate charitable trust established in October, 1955 for the purpose of making loans to medical students. The assets and equity of this trust are included in the accompanying financial statements in order to reflect the fiduciary responsibilities of the Indiana State Medical Association as trustee of the fund. This loan fund was created and funded through cash appropriations from the general fund totaling $40,000 over a five-year period beginning in May, 1956.

Under the terms of an agreement with The Indiana National Bank, Indianapolis, the bank is making loans to students enrolled and in satisfactory standing at the Indiana University Medical School at the rate of twelve and one-half dollars for each dollar placed in a capital reserve at the bank. As of September 30, 1974, the bank held $20,810 in this capital reserve (represented by certificates of deposit) thereby producing an available loan balance approximating $260,000, of which $9,340 had been loaned to medical students. The Associ-

ation is contingently liable for these outstanding loans to the extent of the collateral only.

The Executive Committee, in conjunction with the Student Loan Committee, reviews the student loan situation annually for the purpose of authorizing further general fund appropriations to the loan fund as additional funds are needed to guarantee loans under the agreement with The Indiana National Bank.

NOTE 4—PENSION PLAN:

The Association has a pension plan covering all of its full-time employees with over three years of service. The total pension expense for 1974 and 1973 was $15,994 and $17,061, respectively. The past service cost is fully funded, and the total assets of the pension fund exceeded the value of vested benefits at September 30, 1974.

SUPPLEMENTARY SCHEDULES

Schedule A-1

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expense—Committees and Commissions—Officers and Board

	Year Ended September 30		
	1974 Budget	1974 Actual	1973 Actual
COMMITTEES AND COMMISSIONS:			
Standing committees:			
Executive	$ 7,000	$ 4,532.43	$ 7,109.30
Grievance	200		194.16
Medical-legal review	100	30.00	60.00
Future planning	750	102.00	579.28
Sports and medicine	300	413.03	311.90
Commissions:			
Constitution and bylaws	200	89.43	172.73
Legislation	2,000	1,046.00	2,772.57
Public information	1,000	3,445.02	3,074.98
Governmental medical services	300	151.05	254.64
Public health	300	264.99	291.43
Voluntary health agencies	1,000	871.71	960.53
Medical economics and insurance	1,500	1,917.47	939.15
Inter-professional relations	500	233.87	429.08
Medical education and licensure	1,500	2,949.27	2,794.49
Special activities	1,000	506.61	1,050.28
Aged and aging	500	53.20	561.29
Emergency medical services	1,000	220.96	1,091.01
Special programs and miscellaneous	28,685	5,795.20	3,343.45
Accreditation for continuing education	11,000	2,351.15	
Board committees:			
Maternal mortality	300		286.94
County society officers' conference	3,000	4,261.04	2,132.89
Totals—EXHIBIT A	$62,135	$29,234.43	$28,410.10
OFFICERS AND BOARD:			
President	$10,000	$ 9,593.67	$ 7,094.35
President-elect	4,500	3,859.35	3,023.53
A.M.A. meetings	20,000	19,841.78	16,520.84
Treasurer's office	3,520	3,025.00	3,540.00
Board chairman	2,250	1,452.09	2,145.04
Board meetings and travel	8,750	10,253.89	8,189.20
Board donations	2,500	4,894.25	2,215.00
Totals—EXHIBIT A	$51,520	$52,920.03	$42,727.96

Schedule A-2

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expense—General and Administrative

	Year Ended September 30		
	1974 Budget	1974 Actual	1973 Actual
Salaries	$140,700	$136,635.13	$135,343.10
Payroll taxes	6,500	6,620.84	6,305.22
Employees retirement expense	17,500	17,807.24	18,256.83
Hospitalization and disability insurance	5,000	5,766.95	4,807.31
General insurance	2,400	2,340.36	2,321.72
Telephone and telegraph	12,000	13,352.00	11,764.68
Postage	7,500	7,582.38	6,777.67
Printing and office supplies	13,000	16,443.56	14,665.08
Travel, entertainment and field expense	20,000	17,542.42	19,395.51
Dues and publications	1,200	1,146.78	1,010.30
Indiana gross income tax	400	248.88	412.50
Depreciation of furniture and equipment	4,180	4,208.80	3,055.11
Equipment maintenance, supplies, etc.	1,900	1,374.81	1,923.68
Legal fees	4,000	2,556.41	3,527.10
Accounting data processing services	2,180	2,180.00	2,160.00
Membership data processing services and related expense	10,000	8,756.64	11,212.32
News flash expense	3,000	1,605.68	1,341.29
County, district society service	1,500	1,361.81	1,482.60
Miscellaneous	3,200	2,699.13	4,467.88
Totals—EXHIBIT A	$256,160	$250,229.82	$250,229.90

Schedule A-3

INDIANA STATE MEDICAL ASSOCIATION

The Journal Statement of Operations

	Year Ended September 30		
	1974 Budget	1974 Actual	1973 Actual
INCOME:			
Dues allocated from general fund	$ 25,612	$ 25,487.25	$ 24,982.50
Subscriptions—non-members	1,800	2,026.00	1,863.00
Advertising	27,800	26,362.50	28,122.54
Other	3,700	7,221.52	4,759.12
	58,912	61,097.27	59,727.16
EXPENSE:			
Salaries, commissions and outside help	22,470	22,942.66	21,107.40
Employees' retirement expense	850	887.00	803.89

Hospitalization and disability insurance	750	782.56	740.31
Other insurance	150	146.84	146.84
Printing and reprints	45,600	50,976.47	45,189.11
Engraving, art work and photographs	5,400	4,223.43	5,050.33
Office supplies and postage	1,550	1,058.80	1,475.52
Travel and meeting expense	500	234.00	388.98
Bulk mailing	1,300	1,214.63	1,148.08
Other publishing expense	1,072	1,340.73	1,052.03
Indiana gross income tax	160	157.77	165.32
Payroll taxes	1,035	1,087.93	990.06
Rent and depreciation	3,519	3,518.88	3,518.88
Telephone and telegraph	600	573.44	511.24
Data processing services	360	360.00	360.00
Cash discounts allowed and miscellaneous	950	625.41	916.15
	86,266	90,130.55	83,564.14
NET (LOSS)—EXHIBIT A	$(27,354)	$(29,033.28)	$(23,836.98)

Schedule A-4

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expense—Annual Meeting

	Year Ended September 30 1974	1973
Speakers' travel and expense	$ 4,581.83	$ 2,246.87
Technical exhibits, circulars, etc.	1,206.87	2,085.58
Scientific program and exhibits	1,089.71	2,111.50
Programs, handbooks and printing	9,473.86	7,218.40
Badges	430.62	247.43
Meetings—Trustees and House of Delegates	1,187.64	1,230.58
Telephone service	53.89	100.74
Office personnel expenses	838.99	144.00
Plaque awards	446.42	379.34
Prizes—annual meeting	293.59	105.98
50-year club	208.41	218.70
Photography	875.50	635.00
Banquet, luncheon and party	7,851.48	3,961.26
Hall rental	3,898.83	4,916.97
Miscellaneous	1,555.21	2,685.75
	33,992.85	28,288.10
Less: Income from exhibitors' booths	13,800.00	21,850.00
Excess of expense over income—EXHIBIT A	$20,192.85	$ 6,438.10

Association News

BOARD OF TRUSTEES

Thurs., Oct. 3, 1974

Dr. Vincent Santare, chairman of the Board of Trustees, called the meeting to order following dinner in the Columbia Club.

ROLL CALL:

Dist.	Trustee	
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Vincent J. Santare	Present
11	James A. Harshman	Present
12	John S. Farquhar, Jr.	Absent
13	G. Beach Gattman	Present

Dist.	Alternate	
1	E. DeVerre Gourieux	Absent
2	Betty Dukes	Absent
3	Thomas Neathamer	Present
4	William F. Blaisdell	Present
5	William G. Bannon	Absent
6	Glen Ward Lee	Present
7	Donald C. McCallum	Present
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Absent
10	Martin J. O'Neill	Present
11	Lloyd L. Hill	Absent
12	Walter D. Griest	Absent
13	Donald S. Chamberlain	Present

Officers and Executive Committee

Joe Dukes	Present
Gilbert M. Wilhelmus	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Absent
James H. Gosman	Absent
John W. Beeler	Present
William E. Cast	Present
Donald M. Kerr	Present
William R. Clark	Present

AMA Delegates and Alternates

James A. Harshman	Present
Eugene F. Senseny	Absent
Malcolm O. Scamahorn	Present
Patrick J. V. Corcoran	Present
Lowell H. Steen	Absent
A. Alan Fischer	Absent
Ross L. Egger	Absent
Kenneth O. Neumann	Absent
Thomas C. Tyrrell	Present
Peter R. Petrich	Present

Guests

Martin O'Neill	Present
Edgar Cantwell	Present
Franklin A. Bryan	Present
Alvin J. Haley	Absent
Leonard W. Neal	Present
Robert Brown	Present

AMA/ISMA Staff

Alex Lerner	Present
Robert Amick	Present
Kenneth W. Bush	Present
Howard Grindstaff	Present
Michael McDermott	Present
James A. Waggener	Present

MINUTES OF THE AUG. 24 and 25, 1974 MEETINGS

Dr. Santare: The first items are the minutes of the meetings held August 24 and 25 at Lake Monroe. You have had the opportunity to read them. Are there any additions, corrections, deletions to the minutes as published?

Motion was made by Dr. Schauwecker and seconded by Dr. Harshman that they be approved.

Dr. Santare: Is there a discussion here? Dr. Harshman?

Dr. Harshman: Dr. Petrich has been labeled as a guest. He really is an AMA alternate delegate.

Dr. Santare: That will be changed. Thank you, Dr. Harshman.

Dr. Gattman: There were some other editorial changes such as Mr. Lucas instead of Dr. Lucas.

The motion for approval with the changes was passed.

Dr. Goodman: Mr. Chairman, I wish to commend the secretary for the excellent quality of the minutes.

Dr. Santare: I think, considering the atmosphere and the holiday group and everything that was going on, they did a real job; and I believe we will accept that from the entire Board as a compliment to the staff for furnishing such excellent minutes.

Dr. Gattman: Here it says Dr. Dukes moved that the Board make a decision as to whether the $500 should be given or not, and it was given. There is nothing which states that here on page 8.

Dr. Santare: Let's go into that. That was concerning the booth on the Commission on Medical Education and Licensure, and the Executive Committee had recommended that we give them a booth and not give them any money and then there was a question about what they were planning to do. Dr. Dukes moved that the Board make a decision as to whether the $500 should be given. He moved that it should be given. The motion was seconded. There was no further discussion and motion was voted upon and carried that $500 go to booth expenses for the Committee on Continuing Medical Education. The part in the minutes that is incomplete is that Dr. Dukes did move that we make a decision, and the motion was made that we give the $500. Jim, correct the minutes to that particular effect. Any other additions to the minutes as circulated?

RECOGNITION OF GOVERNOR BOWEN

Dr. Santare: We do have some guests and I think it would be nice if we recognized those who are here. The 13th District usually sends us a very, very good man to represent their particular area in the Board of Trustees. I was at Dr. Gattman's trustee district meeting and from Lake County I really have learned a lot about politics. I didn't know they had an election, and I found out that Dr. Gattman was re-elected; consequently, there must be something in that particular area because his predecessor not only was trustee but proceeded to get himself elected governor of this state of Indiana—Dr. Otis Bowen.

Governor Bowen: Thank you very much, Vince and fellow-physicians. It is a pleasure for me to join you this evening and I only want to thank you very, very much for including me in the invitation. I believe that I have attended four or five of the district meetings this year and I think that the attendance and enthusiasm was about as good as any I have noted in the past good many years so I want to compliment all of you on the good job you are doing on getting the people out. It is good to be with you, and thank you so much.

Dr. Santare: Thank you, Governor. Dr. Beeler.

Dr. Beeler: I would like to say one thing to Governor Bowen. He spoke before our Marion County Medical Society meeting at Eli Lilly and I would encourage all of you to read his speech sometime because it was one of the really most forceful speeches that we have heard in a long time. Our county was so impressed by it that we have asked it to be printed in our medical society bulletin. I was so impressed I think most of us felt that it ought to be in the state journal. I talked to Frank Ramsey about it because it really is a solid thing and I just wanted you to know how much we appreciated it.

Governor Bowen: Thank you very much. Frank did contact me, and they do have a copy. If they want to use it, they are welcome to it.

INTRODUCTION OF GUESTS AND NEW OFFICERS

Dr. Santare: Thank you, Governor. We have another guest here, the field representative from the AMA, Mr. Alex Lerner. I would like to introduce some of the people who are listed as guests. They may be guests tonight, but in less than a week they are going to be functioning on this Board and really take their particular positions in this State Medical Association. First of all, I want to say that the Tenth District has finally

decided to get out of Lake County, and they took a man who had an excellent record on the Board of Trustees, practically made every meeting. I am proud to present Dr. Martin O'Neill from Porter County. Lake didn't completely let go of the reins when Marty took this job, the alternate trustee position opened from the Tenth District, and, of course, Lake got back there and elected Dr. Leonard Neal of Munster who is in the Hammond Clinic. Betty Dukes finally decided that she has pushed Joe as far as he is going to go and he has stepped down so she has been replaced by a new alternate trustee from the Second District, Dr. Ed Cantwell from Vincennes. In the Thirteenth District, we unfortunately received a letter of resignation from our trustee, Dr. John Farquhar, who is taking a full time position in emergency medical services at the medical school of the University of Florida at Jacksonville. Consequently, his district did meet and did elect a trustee-designate to take over for Dr. Farquhar at the next meeting, and this is Dr. Al Haley who is on our editorial Board. Dr. Farquhar's alternate trustee is Dr. Griest and he has also extended a letter of resignation, which I haven't received. The district did elect an alternate trustee to take over Dr. Griest's term and he is a gentleman who we have all seen and heard and has been around for a long time, has been the chairman of our Commission on Medical Education and Licensure, Dr. Franklin Bryan.

Dr. Bryan: I just want to say, Mr. President, Mr. Chairman, I am delighted and honored to be here, and I do have Dr. Griest's resignation.

REPORT OF THE PRESIDENT

Dr. Santare: We will now proceed with the report of our president, Dr. Joseph Dukes.

Dr. Dukes: I don't have anything to say tonight. If your photo is on this picture, you have one of them coming. The staff will bring it down here and you can take it home with you, or they will deliver it sometime within the next month.

Dr. Schauwecker: I think the Board ought to vote a "thank you" for all this. I think it is great.

Dr. Goodman: I'll second the motion.

Dr. Santare: Dr. Goodman has seconded it and we will take that as a motion by the entire Board. Thank you, Dr. Dukes. Next is a report from our president-elect, Dr. Gilbert Wilhelmus.

REPORT OF THE PRESIDENT-ELECT

Dr. Wilhelmus: Thank you, Vinny. I'm going to give my report tomorrow morning at the House of Delegates.

Dr. Santare: Thank you. I would like the Board to know that this particular year, both president and president-elect have not given us a written report and that there will be one report given at the first meeting of the House and they will present it and that will be their one report for each of the two offices.

RESIGNATION OF DR. FARQUHAR

Dr. Santare: Mr. Waggener says that the Board has to accept the resignation of Drs. Farquhar and Griest. I read the Bylaws and I would ask that this Board accept the resignation of Dr. John Farquhar as trustee.

Dr. Ingram: I move we accept it.

Dr. Santare: Motion is made by Dr. Ingram.

Dr. Goodman: Mr. Chairman, I would like to amend that to say "with regret."

Dr. Santare: Is there a second to the motion as amended?

Second.

Dr. Bryan: Just a question. That was September 19.

Dr. Santare: As of 19th of September. Thank you, Dr. Bryan. All in favor say aye—ayes, Opposed—none. Carried. We also have the resignation of Dr. Griest as the alternate trustee. Is there a motion we accept his resignation? Dr. Harshman?

Dr. Harshman: I move we accept.

Dr. Santare: Is there a second? Also as of the 19th of September. All in favor of accepting the resignation of Dr. Griest, say aye—ayes. Opposed—none. Carried. Is there a motion to seat?

Dr. Wilhelmus: I so move that we accept to seat the trustee and alternate trustee as of this meeting tonight.

Dr. Schauwecker: I second that.

Dr. Santare: The motion is made by Dr. Wilhelmus and seconded by Dr. Schauwecker that we seat the trustee and alternate trustee elect from the 12th District, namely Dr. Alvin Haley and Dr. Franklin Bryan. All in favor, say aye—ayes. Opposed—none. Carried. Dr. Farquhar was elected a year ago so that means that Dr. Haley will now serve two years to complete the unexpired term of Dr. Farquhar. Dr. Franklin Bryan will succeed to the unexpired term of Dr. Griest, which is one more week, and then will run three years on his own term. He has a little over three years to go.

REPORT OF THE TREASURER

Dr. Santare: Let's go ahead with the report of our treasurer, Dr. Hugh Thatcher. He will give our projected budget, and at the same time I'm going to ask the Board Subcommittee on Fiscal Matters chaired by Dr. Goodman to give a report so we will have it all tied into one package. Dr. Hugh Thatcher?

Dr. Thatcher: I trust I can make it short and sweet but I don't think you will accept it. You all have the financial statement so you will be able to follow me. (Dr Thatcher then detailed extensively the financial statement.)

Dr. Santare: Is there a motion to accept the treasurer's report? The motion is made by Dr. Rosenblatt, seconded by Dr. Inlow. Any discussion? All in favor, say aye. Opposed? Carried. We'll now go ahead with the budget.

Dr. Thatcher: If there are no further questions, I'll turn it over to Dr. Goodman for the committee report.

Dr. Goodman: Hugh, I want to thank you for the erudite exposition of all the figures that you gave us now and to the Board committee a little earlier. Your Board Committee on Economic and Fiscal Matters met this afternoon—Drs. Thatcher, Ingram, Rosenblatt, O'Neill and myself—and we did some very intensive soul-searching about all the figures that you've heard at some length this afternoon. I'm going to summarize the figures that I think are truly significant. As far as the budgetary requirements are concerned, you heard them and we went through them this afternoon and tried to squeeze here and squeeze there, and we thought we couldn't squeeze anywhere because, in fact, this organization has gone some several years now, in my opinion, without facing the reality of staff compensation and that sort of thing. It's been some time since we've faced that. Now, to try to be brief, everything that Hugh told you just now this afternoon boiled down to the fact that we're talking about spending in the budget for 1975 about $586,000.00 as against previous year with a difference of $209,667.00 for which we at the present time have no income. We came to four, we thought, significant conclusions. One was the House of Delegates last year instructed us to give the Speakers Bureau $40,000.00 a year for a period of two years. We allocated $40,000 last year and the year will be completed in a few days and the $40,000 has not been utilized. We think that $40,000 should revert from that designated category to some other usage. Also the House last year directed us to create a viable alternative to PSRO and Dr. Petrich worked very hard on developing I-MEDIC which was presented at the last Board meeting. There was no fiscal note attached. I was able to buttonhole Pete a few minutes ago and get his concurrence with our Board opinion this afternoon that we should attach $20,000 to help get this thing off the ground. Our third consideration is that when we began discussing Tel-Med about a year ago, it looked like it was a breeze because we were going to get a grant from RMP and we were going to get a grant from the Eli Lilly Company, and we feel like we're suddenly confronted with maybe a very valuable public relations thing. But we're talking about something that's budgeted this year for $110,000. So, if you will consider $40,000 being reverted, $20,000 being added to the proposed budget for I-MEDIC, and if this Board will ex-

press itself to its own satisfaction about an expenditure of $110,000 for Tel-Med, then the following recommendations would result. In the event we go on with Tel-Med, your Board Committee feels it would be necessary to raise our annual dues by an amount of $45.00. In the event this organization decides that it cannot afford Tel-Med, or in the event some other source of financing is arranged, we think that a dues raise of $25.00 will suffice.

The Board then discussed the proposals of the Committee.

Dr. Harshman: How is this to be presented to the House?

Dr. Goodman: We thought by resolution from the Board. Does the Board wish a reading on the resolution? Dr. Goodman then read the detailed resolution planned for presentation to the House.

Dr. Harshman: Well, you know this is all fine, but to me it was just simply jargon, really, and I'm very respectful to our chairman and to the committee. Why don't we present this to the House in the way it is presented to us. Number one, you're going to need $110,000 for Tel-Med. Number two, you're going to need $40,000 for I-MEDIC. Number three, you're going to need $41,000 for administrative costs.

Dr. Gattman: I move that we submit dues increase of $45.00 per menber for the coming year.

Dr. Goodman seconded Dr. Gattman's motion. There was extensive additional commentary by the Board on the motion.

Dr. Santare: Dr. Goodman, I think there are a number of things that are going to have to be taken up before we finally consider the budget. I think one is, we're going to have to consider THE JOURNAL report.

REPORT OF JOURNAL EDITOR

During the past two years, an ad page exposure study has been conducted with a five-dollar check technique in the same manner as the test which the Indiana journal had in July and September of 1973. State journals competed with the 16 most popular nationally circulated medical publications. State Journal group, which is number one, is the group to which our journal belongs. The 35% return is an overall average of returns obtained from 12 different journals.

The Internal Revenue Service assessed a tax of $32,638 for unrelated business income taxes involving advertising in the *New England Journal of Medicine* for 1968. This was paid under protest, and a suit was entered for recovery. The U.S. District Court has found for the plaintiff and directed that this money be returned plus the interest. This does not constitute complete relief from the tax on advertising revenue since Congress has, since 1968, passed a law which accomplished approximately what the IRS had attempted to do by an IRS regulation. Item number three. The terms of Alvin J. Haley, Fort Wayne, and Wei-Ping Loh, Gary, on the editorial board expire on December 31, 1974. Their successors should be chosen. Both have been excellent editorial advisors. I recommend that each of them succeed himself. Item number four. Indiana journal enjoys with five other journals in the State Journal group, the distinction of having achieved the lowest cost per page among the 30 journals of the group which reported costs. No journal was lower than Indiana; many were close, and one was over three times as high.

Dr. Wilhelmus: We still have a motion on the floor pertaining to the $45.00 dues increase.

Dr. Santare: The reason I'm tabling the motion is because we still have to hear report from the Executive Committee concerning financial matters and we may want to change that $45.00.

Dr. Wilhelmus: I'd like to make a motion that we re-appoint Haley and Loh.

Dr. Cast: I'm not too sure of Dr. Haley.

Dr. Santare: I don't know, since he's a trustee. I would rather defer that until we can get a little more information on it. Now we're on the budget, and I'm going to ask for the Executive Committee report because we heard more potential expenditures at the Executive Committee meeting. I think before we act on the motion that has been made concerning a dues increase of $45.00 that we ask for the Executive Committee report, at least concerning expenditures.

EXECUTIVE COMMITTEE REPORT

Dr. Kerr: We met today with the Executive Committee of the Hospital Association. They, too, are very disturbed about the problems of malpractice; and as you know, we, too, are bombarded and bombarded. We hear almost daily of more people who have lost their coverage. And Jim reported to us today that there is a hospital in Elkhart which may have to close its surgical suite because of the anesthesiologists who have lost their coverage. We think this has become almost a crisis situation—beyond the crisis situation. We discussed the matter of proposed legislation and arbitration. We have Mr. Stewart of our law firm with us. It seems there is no way other than legislative that we can ever get out of this mess. Mr. Stewart told us that he had checked through the average of 67 settlements so far in 1974. The average of those 67 was $290,000. There had been some over one million, and on down. He thinks, and the opinion of the Executive Committee is, that he is correct—that the only remedy we have for this is some kind of action from the legislature. They do not have a concrete proposal for us at this time. They do think they can have a bill ready for the legislature as of the November session and suggested keeping it very quiet, because, as he said, the longer you prepare your case, the longer the opposition has to prepare its case against you. He said about 5% of the attorneys are plaintiffs' attorneys. They are a very strong group and might well out-talk the rest of the attorneys. He said he thought the majority of the Bar Association would support such legislation. His concept was based essentially on the Workman's Compensation Act, to wit: that if somebody comes in to you and has neck pain, I would have the option of saying, "I will take your case if you are willing to abrogate your right to sue me, and rather, if I do something that is not wantonly, willfully wrong, this will be submitted to an arbitration board." This is their approach generally, and if the patient does not agree, then I can reject—you can reject that patient. If the patient agrees, this is an automatic agreement that this is the way it's going to be. Now, here is the bad news—the cost for such action will be something like $15-$20,000. I believe it is the consensus of the Executive Committee that we must, because if we don't, no one will, pursue a course of getting something to the legislature which will protect—which will stop this ridiculous business.

Dr. Santare: I particularly asked for this. I think this is one of the things we're going to have to include in the motion for a $45.00 dues increase. I think this should be handled now and it should be included with our previous motion and brought to the House tomorrow so that it can be assigned to a reference committee for further action. Dr. Jackson.

Dr. Jackson: Mr. Chairman, I'd like to know what the commission that is investigating our own insurance program for malpractice has to report.

Dr. Neumann: Well, first of all, the commission has not gone into this program—this report you heard today.

You'd be surprised at the response we got from the survey. I have accumulated in my office at home either 36 or 37 letters from doctors who have complained about malpractice rates, the unavailability of insurance, etc. over the past three years. I spent two nights going through the computer printout of the replies we got from the physicians who answered this questionnaire we sent out, and lo and behold, only one of the 36 or 37 doctors I had letters from, wanted to participate in any type of state program. Now, I think that tells us something really. I have taken it upon myself to talk to several so-called plaintiff

attorneys around the state, and they made no bones about the fact that they're going to fight this in the legislature until it's put to death. They just frankly said they will, and I think they have a pretty good idea they're going to beat it. All of which doesn't solve any of our problems, unfortunately, but I think this is the way it appears.

Dr. Holtzman: I concur with Dr. Neumann. I was on this Commission for Medical Economics and Insurance when men began talking about changing their insurance. I just say "lot's of luck"—they won't do it. The other thing I'd like to ask of Mr. Stewart, what chance does he think we have for this $20,000?

Dr. Santare: He thinks we have an excellent chance of getting it through the legislature. This is what he told us and the Executive Committee today.

Dr. Beeler: I think that it is mandatory that there be some kind of action; if we can't get it from the court, that we have something introduced somewhere in this House. To me, the number one problem this meeting has this year is malpractice insurance. If we do not give our members some advantage to have malpractice insurance, well, you're never going to get guys to join this society. You're going to lose them, and you're going to lose them in droves, as far as I'm concerned.

Dr. Thatcher: I move that we allocate $20,000 to pursue this.

Dr. Schauwecker: I second this.

Dr. Santare: This would add another approximately $4.00. The motion is made that we allocate up to $20,000 to pursue a change in the legislature for this type of Board.

Dr. Kerr: Does this deny the commission to go ahead and make a study?

Many: No.

Dr. Kerr: Okay, I just wanted that on record.

Dr. Santare: This isn't coming before the House. What Dr. Thatcher is saying is that, as an action of the Board, we have this surplus from the 1974 budget, and we allocate up to $20,000 to pursue putting this particular type of legislation into the next legislature.

Dr. Santare: It's been made and seconded. If there is no other discussion, all in favor say "aye."

The motion to allocate $20,000 carried. Now I think Dr. Kerr has presented enough on the budget. Now we can go back to the motion which came up previously that we recommend that there be a $45.00 dues increase, that this thing be labeled as such, why it is, and where it's allocated, and be brought before the House tomorrow to be acted on first by a reference committee. The motion was made and seconded previously. I held it on the table until we heard all the discussion that there be a $45.00 dues increase recommended by the Board with the items definitely mentioned as to the cause of the dues increase.

Dr. Ingram: I haven't spoken on this whole thing, purposely waiting the time when everyone has discussed it, but I think it's very important how we approach the House. First of all, I think the House, itself, has never made a decision on Tel-Med before. I think certainly it must be presented that they do make a decision because we are talking about 20% of our entire annual budget. It must be presented to them, and I would personally suggest that it be presented without recommendation. Inform them and let them make the decision.

Dr. Harshman: Motion was made by Dr. Gattman but I am in agreement with Dr. Ingram that if we recommend, then that means we all favor the $45.00 increase. Now we can present materials to this House without recommendations. We have on the building program if you will recall. I think that these people are brought here from all over the state to vote. They are very knowledgeable people, and I think they are very capable of making a decision. I have to agree with Dick; I think Tel-Med has got to be brought up. I think I-MEDIC which was set into motion last year without a fiscal note has to be taken back to the House, with cost statements. I think they're capable of making that recommendation.

Dr. Santare: Thank you. I think everyone here agrees with you. Dr. Gattman, you originally made the motion. You seconded it, Dr. Goodman, as I remember, and I don't believe that your motion really entailed a recommendation. Am I correct? Then your motion would be that this be presented to the House without recommendations, that these are the facts—that to carry all this business forward within the next year would entail a dues increase of $45.00, and they're going to have to vote on what they want and what they don't want. Is that correct?

Dr. Gattman: Yes.

Dr. Goodman: I would think, then, it would be necessary for us to take these items and assign to it a number.

Dr. Santare: We're going to have to show each one and what it entails and give an estimate of what it is per man in annual dues.

Dr. Harshman: Could I ask for the floor for a distinguished member from my district to ask a question—Bobby Brown?

Dr. Brown: I think I've been in the House pretty close to 28 years as a delegate. The way you're presenting this, I have my doubts it will pass the House. I would make this suggestion to you—each item in the form of a recommendation. In other words, so much for office expense, so much for Tel-Med, and put these in as separate items, then let the House make the decision on it.

Dr. Santare: We'll go back to the original motion, and the suggestion is made that we take these separate resolutions, rather than one resolution. Is there anyone who feels that we should proceed with the original resolution or should we accept the wisdom given to us by the 28-year-old-tenure delegate from Grant County?

Dr. Gattman: I have no objections to withdrawing the motion.

Dr. Goodman: I have no objections. I think it's a very sound suggestion.

Dr. Santare: Will someone make the motion in that particular form that each item for increase in dues be put into the House of Delegates tomorrow as a separate resolution?

Dr. Igram: I would move that each of the major items of the budget increase be put in an informational format individually given to the House without recommendations but with suggestions as to what they will cost per program. The motion was seconded and carried.

Dr. Santare: I think this gets us our budget. We're still back with the reports from the Executive Committee. Dr. Kerr.

Dr. Kerr: Dr. Harshman referred to I-MEDIC. We also had a report from the attorneys relative to I-MEDIC. As you know, the House mandated that we form I-MEDIC which has to do with peer review over the state without government interference. The attorney was asked for an opinion about this. According to his interpretation of this organization, I-MEDIC will not qualify to supplant PSRO. Number one, the technical structure of it is such that it violates the statutes of the regulations. Number two, there are already PSRO organizations in the state, and the law says that the secretary will not replace an already organized structured PSRO group with another one. In summary, he says this: The articles are technically deficient since there are functioning PSROs. I-MEDIC could not be recognized nor contracted with by the Secretary of HEW. If you want peer review for peer review's sake, we can proceed with I-MEDIC; but understand that that's what it's for—peer review. It will not supplant the PSRO function as designated by law and regulation of HEW.

Dr. Santare: How do you want these matters presented to the House? I am asking the mechanism for presentation to the House tomorrow.

Dr. Goodman: I think we should have an oral report from the Chairman of the board.

Dr. Schauwecker: I second.

The motion passed.

Dr. Kerr: I have one more item, briefly. Mike McDermott is going to be with us for the next year on the same basis.

Dr. Santare: If you will look at Item 10, E, "Special Membership Fee for Medical School Faculty," I am going to take that out of place on the report and ask Dr.

Petrich to make his report.

Dr. Petrich: Originally I had a read-out in excess of 800 people who were connected with the university medical school in some capacity and another 200-plus were not members. Now that turned out to be an erroneous list because looking down the list and seeing a great number of names of people with whom I am personally acquainted, people who were in the private practice of medicine to a degree and also were doing some work for the university to an alternate degree. Then I requested that we have a read-out of full-time salaried faculty and then correlated this with our membership rolls and it turns out that there are some 444 full-time faculty members at the university of which 88 are members of the State Association. Now that is not a very good percentage to my mind. We attempted to have a meeting with the Dean relative to why so many of these people, especially the heads of departments, are not members of the State Medical Associations. To date we have not been able to do so. I will do so, and at the next meeting of the Board of Trustees, I hope to be able to report more extensively regarding the membership of the faculty of Indiana University School of Medicine.

Dr. Cast: Would you include in that those who are full-time salaried with the option of private practice, who do have a little outside income?

Dr. Petrich: Yes, those are on this list. Those are on the 444.

Dr. Cast: Some of them are salaried; no practice.

Dr. Petrich: Right, the full-time faculty and their salary. It does not remove the right of those individuals to do some private practice.

Dr. Santare: Is there any action on the report from Dr. Petrich's committee, or are we taking that for information?

Dr. Goodman: We take that for information.

Dr. Schauwecker: I have one request for the remission of dues for a member and change of status to hardship.

The request was granted by the Board.

Dr. Harshman: We had our district meeting in Logansport a couple of weeks ago and we had a pretty good turnout. Dr. Lloyd Hill was re-elected alternate trustee of the district. Next meeting will be at Delphi in 1975.

Dr. Gattman: First I would like to thank the officers who attended. We had a very interesting meeting. We had one of the largest attendances we have ever had since I have been attending the meetings. Dr. Hildebrand from South Bend will be our new president; Dr. Luce is president-elect. Dr. Spaulding was re-elected secretary-treasurer, and I was re-elected trustee.

Dr. Santare: Gentlemen, we will continue. I think we can get through the rest of this unfinished business—Tel-Med financing. The committee was Drs. Farquhar, Inlow and Sholty. Dr. Farquhar isn't here. Dr. Sholty can give us a brief report on this.

Dr. Sholty: I wrote to Mr. Will Hays, Jr., of the Lilly Endowment and I got a letter back from Mr. Ristine They say that, due to the conflict of interest of being funded by a pharmaceutical house, they will have nothing to do with medicine. So they turned us down. I was aware of this, and I pointed out to them that this was not really a medical thing—it was a matter of public information—but they still turned me down. I plan sometime tomorrow or Monday or Tuesday to go up there and talk to Mr. Ristine myself.

Dr. Santare: But at the present time we have no known means of financing.

REPORT BY THE BOARD TO THE HOUSE ON BUILDING

Dr. Santare: The report by the Board to the House on building is going to have to be presented. Dr. Thatcher, are you going to give an oral report?

Dr. Thatcher: I prefer to give an oral report. The recommendation by the Board was that we present to them the two alternatives without prejudice.

Dr. Santare: Dr. Thatcher will give that report.

ORANGE COUNTY SURVEY

Next is the report on the meeting with Drs. Beering and Murray regarding the Orange County matter. It seems to me at the last meeting that we expected to talk with these particular doctors at the meeting and give some report on that. This is the question of the survey that was sent around in Orange County after the County Medical Society had requested that it *not* be sent around. There was a letter from the Board stating that we disapproved surveys without the permission of the local county medical society and that we would ask our members not to cooperate in the future.

BLUE SHIELD

Dr. Santare: Blue Shield matter, Dr. Gattman.

Dr. Gattman: This is on the problem with a physician who apparently had about six doctors attending for services. He has a $500.00 deductible. There was a mix-up. He wanted these people paid. Blue Shield says they wanted to cooperate in any way they possibly could and they had in the past even taken money from people to pay their doctors who wanted them paid. This matter was taken up and finally was cleared, I hope, to his satisfaction. But with this deductible, the number of doctors, and particularly with courtesy being given by doctors, this is always going to be a problem.

Dr. Santare: Beach, one of the things we thought they ought to do, and we have recommended it any number of times, is that when they do have a deductible to go ahead and process it when they get the original claim. But, as you know, our State Medical policy has a basic coverage which is the preferred schedule, I believe, on surgery and then over and above that we have a deductible, depending on what deductible you take. Most of our members are unaware of the fact and if they submit a claim, they get paid on a preferred schedule and if you don't do anything, nothing ever happens. And this happens in the office, and I have repeatedly asked the Blue Shield people to make one claim applicable for this type of policy, whether it's ours or anybody else's. If you have Blue Shield, then you have a basic, plus a deductible, then do they need two forms? I think they are escaping a lot of their obligation to pay claims by not letting peple know that you have to fill out two forms, and I would ask that this Board remind Blue Shield that we would like for them to have one means of processing these particular claims. May I have the feelings of other members of the Board on this?

Dr. Gattman: We meet Sunday, and I will try to give you an answer Monday or Tuesday. Dr. Harshman.

Dr. Harshman: At the last meeting I think there was a great deal of concern raised concerning the release of medical information to Blue Cross and I think many of us questioned it as to what authority they had to obtain this material. At that time I reported I had reviewed a participating contract between Blue Cross and our hospital and found nothing in the contract that in any way was a release of information to Blue Cross. Since that time, I have had occasion to review policies which groups have and also individuals have and herein lies the wringer. In each contract, be it a master policy, a group plan, or an individual policy, there is a clause which I shall read to you. It is under Article A in this particular contract. "Conditions prerequisite to receiving benefits and payments of claims." Paragraph C, "The member and all dependents agree in accepting Blue Cross/Blue Shield indentification cards that in order to receive benefits hereunder, any physician, nurse, or hospital having rendered service or being in possession of information or records relating thereto, is authorized and directed to furnish Blue Cross/Blue Shield at any time upon request, any and all such information, records, or copies of records." That is number one. In addition, for those people who are covered under group contracts such as General Motors or your own private group, each employee must fill out an application form for the coverage; and in the application form, and I am told that each of their 2,000,000,000 people have

signed this thing, is a clause saying, "I wish to apply for membership in Blue Cross/Blue Shield in Indiana. I hereby authorize hospitals, doctors of medicine, dentists, or other providers of service having rendered services or being in possession of information or records relating thereto to furnish Blue Cross/Blue Shield of Indiana at any time upon request any and all information and records or copies thereof." Now these are the two instruments under which they obtain information from hospitals. I understand our own attorney has taken a look at it, and I don't know whether his opinion is here for us to review, but this is what I have been able to gather so far.

Dr. Santare: Jim, we did get an opinion from our attorney and we met with the hospital association's Executive Committee. They feel the same way we do. They don't like the idea of this particular information going back to the intermediary or even to the government. The hospitals are fighting the copying of charts and fighting the extraction from the charts, yet the carrier does have the right to request this particular information in order to determine eligibility for extended stay and eligibility for admission via Medicare law. They strangely said that PSRO would take this away from them because PSRO committee would then merely send a certification to the intermediary. But under the present law, without PSRO they have got the right to come in and get the chart. So you don't have confidentiality of information as it is now. The second thing is, as Jim brought out with Blue Cross, the hospital owns the records, the patient has the right to the release of the records, and we actually don't have anything in it at all.

Dr. Butler: I think that the only thing that is going to correct this is legislation similar to the truth-in-lending law, where the patient is informed. The only reason they are getting away with this is because 99% of the people don't know what is happening to them.

Dr. Santare: Well, what our attorney suggested is to not give any blanket release and to insist that our hospitals ask for specifics, which they are already doing; at least we were told by their executive committee today that they are not giving blanket release anymore. If they do so, they then become liable for disclosure of privileged information and can get a suit for giving out information relative to a claim which is more than needed to settle a claim.

Dr. Santare then made assignments to members of the Board to cover the reference committee meetings.

Dr. Santare: Dr. Harshman, you gave us a report on Blue Cross. Do you have another?

Dr. Harshman: They met today and I unfortunately wasn't able to be there because I had to be here, but I did write them a letter and I understand the letter was received. I asked in the interest of the ISMA what Blue Shield's posture was going to be concerning physicians who are receiving bills for $18,000 premiums for medical malpractice insurance and how they intended to adjust or to allow the physician to adjust his fee schedule to recoup those losses, rather than to wait a year for the computer to reflect what his usual and customary is. I understand it provoked quite a discussion and it was referred to the Blue Shield Rate Fee Review Committee.

MEDICAL PRACTICE ACT

Dr. Santare: Now, Dr. Bryan, you asked about the Medical Practice Act. We did bring that up at the last Board meeting. This Board was given a mandate by the House to prepare it and present it to the legislature. Last year it was felt that in the short session of the legislature, and with a good portion of our membership opposing it, we would not hand it in. It was sent back to the Commission. It has been modified. There were meetings between the ophthalmologists and the Commission and it was ironed out. It was presented and amended slightly at the last Board meeting, and I don't see any reason why it would have to go back to the House. It would seem to me that the vote of this Board was to go ahead and send to the Commission for implementation.

Dr. Bryan: This is correct, and the Commission on Legislation did unanimously, by a vote of 17 to 0, approve the recommended changes which this Board recommended to it. Since that time, I visited with the Governor this afternoon. Mike McDermott went, and we went over this proposed Medical Practice Act. He again gave his assurance that if the Indiana State Medical Association wanted a new Medical Practice Act, he would support it. So, if I have the right as a new member of this Board, I would like to move that we send the recommendation to the Commission on Legislation and submit the Medical Practice Act to the 1975 legislature.

Dr. Harshman: I'll second the motion.

Dr. Santare: Is there further discussion?

Dr. Dukes feels it should go back to the House.

Dr. Bryan: Simply because I was aware of the difference of opinion about this, I did wish to make this motion so that it would be directed to the legislature.

Extensive debate continued as to the disposition of the Medical Practice Act.

Dr. Santare: Gentlemen, there is a motion, there is a second. You have heard Dr. Dukes' side of it. You've heard the opposing consideration of it. I think you are going to have to make a decision.

Dr. Goodman: I wonder if Dr. Dukes would tell us why he is anxious.

Dr. Santare: Yes, why are you anxious to have it go back to the House?

Dr. Dukes: I just think the House should know about it.

Dr. McCallum: To me, this is an interim group ruling and it should go back to the House. I think it will sail right through; but if the House passes it, we will have a lot more support.

Dr. Scamahorn: I don't think we have any reason not to submit it to the House. That is what you want because the eye, ear, nose and throat men have been satisfied. To my understanding, the other groups have been satisfied. Then we need the bill. Now this is what it is going to take to make everybody happy, let's get it to the House. I'll plead again—I don't care how you do it, let's just get it out and let's support it.

Dr. Dukes: If the House wasn't in session, it would be another story; but the House is meeting. There is the body that is supposed to run this thing and I think we should present it to them as we are going to do it now. Get their approval, then you have everybody's approval. No hassle anywhere.

Dr. Goodman: I move we reconsider the motion.

Dr. Santare: The motion is made to reconsider and it is seconded. All in favor of reconsidering? Opposed? Motion for reconsideration carries.

Dr. Goodman: I'll move now that it be directed to the House with the Board's approval.

Motion was seconded.

Dr. Santare: I am going to ask, next, if this passes, where does it go to get back to the House?

Dr. Sholty: Couldn't we, as a report to the House, state that this is what we intend to introduce into the legislature?

Dr. Santare: There has been a motion made and seconded that this Board present this to the House of Delegates for final approval with our endorsement.

The motion carried.

PROFESSIONAL LIABILITY INSURANCE

Dr. Santare: Is there any new business to come before the Board?

Dr. Pantzer: I think we will have to get something in black and white concerning professional liability insurance. I mean it's everybody's problem. I really think the Board ought to take that as a number one action, that we should be mandated to find a carrier for these people. We have people in our community who are not going to be practicing medicine simply because they cannot get insurance. It's not a matter of law, or anything else. It's a matter of practicality of the fact; if you can't get malpractice insurance, you're not going to practice medicine.

Dr. Santare: I agree with everything you say. I have arranged for Mr. Stimpson, who is the broker handling the state malpractice contract for Illinois

to come before our Board meeting Monday. I also have on hand the Associated Risk Managers, Inc. and I spent a lot of time talking to a Mr. McLennon in Valparaiso. Mr. McLennon feels that we don't appreciate the urgency of the crisis on this thing, and he is willing to come down anytime we send for him. I intended to bring that up before the Board, so we have two avenues there.

Dr. McCallum: I think we need more than that. I looked through all this. The only place I can see it in the reference committee is in this report of the Commission on Medical Economics and Insurance, but there are a lot of members who have been cancelled out who would like to have some place they can come and express their feelings.

Dr. Santare: Do you think we ought to have a special reference committee on it?

Dr. McCallum: I would like to move that our Chairman set up a reference committee on malpractice—professional liability.

Dr. Ingram: I think we need the reference committee. There are things that had never even occurred to me concerning a captive company. I don't really know a thing about the insurance business. I don't pretend to. I really have no ideas about it. The one thing I have noticed in the ISMA discussions is that we have no idea how many people are being sued in Indiana at a given time—I mean from a reliable source. Then we have obviously no way of knowing what sort of settlements are involved, and we suspect we are subsidizing high risk areas, which our state has not been in the past. I would really like to see a captive company explored. That makes sense to me.

The meeting adjourned to meet again on Mon., Oct. 7, at 7:30 a.m.

(Because of the poor quality of the tapes during the breakfast sessions of the Board of Trustees on Oct. 7 and Oct. 8, 1974, only the motions of the Board are presented for these meetings.)

CONTINUED ACTIONS OF THE BOARD DURING THE ISMA CONVENTION

Monday Morning, Oct. 7

Motion was made and passed that the roll call be dispensed with.

Following Dr. Offutt's report on a medical survey, Dr. Goodman moved and Dr. Schauwecker seconded that the survey be approved with the additional acknowledgement that Dr. Offutt would be conducting the survey as an independent contractor under a grant from the ISMA. Dr. Jackson then proposed an amendment to the original motion seconded by Dr. Ingram, that the Board of Trustees review the report and any statistics associated with the report prior to the release of any information on the report. The motion as amended passed.

Dr. Holtzman then moved with a second by Dr. Schauwecker that the president of the Association send a carefully worded letter to every member of the Association concerning the survey, if the House approved the survey concept. The motion passed.

Board discussed amendments to the Constitution. It was noted that there was an error in the report on amendments to the Constitution concerning student members. The report should read, "shall select one delegate and one alternate delegate" rather than "one delegate or alternate delegate." Dr. Wilhelmus moved that either Dr. McCallum or Dr. Santare bring this printed error to the House of Delegates for correction. The motion passed.

CONTINUED ACTIONS OF THE BOARD DURING THE ISMA CONVENTION

Tuesday morning, Oct. 8

It was moved and seconded that the roll call be dispensed with.

Board discussed professional liability proposals of Associated Risk Managers of Indiana. It was moved by Dr. Harshman and seconded that a letter be written by the president to the ARM group requesting more information on the plan. The motion passed.

Dr. Goodman moved that the president of ISMA be instructed to develop an arbitration committee for malpractice suits, post haste. The motion was seconded. In continued discussion Dr. Ingram pointed out that the idea of arbitration committees was not clear enough and moved to table Dr. Goodman's motion until the next meeting of the Board, which is to take place in 30 days. The motion was seconded by Dr. Inlow and passed.

Dr. Goodman moved that the Board approve utilization of public health physicians for Crawford County. The motion was seconded and passed.

Dr. Jackson moved that Jackson and Jennings Counties be given the authority to divide and form separate county medical societies. This was seconded by Dr. Popplewell and passed.

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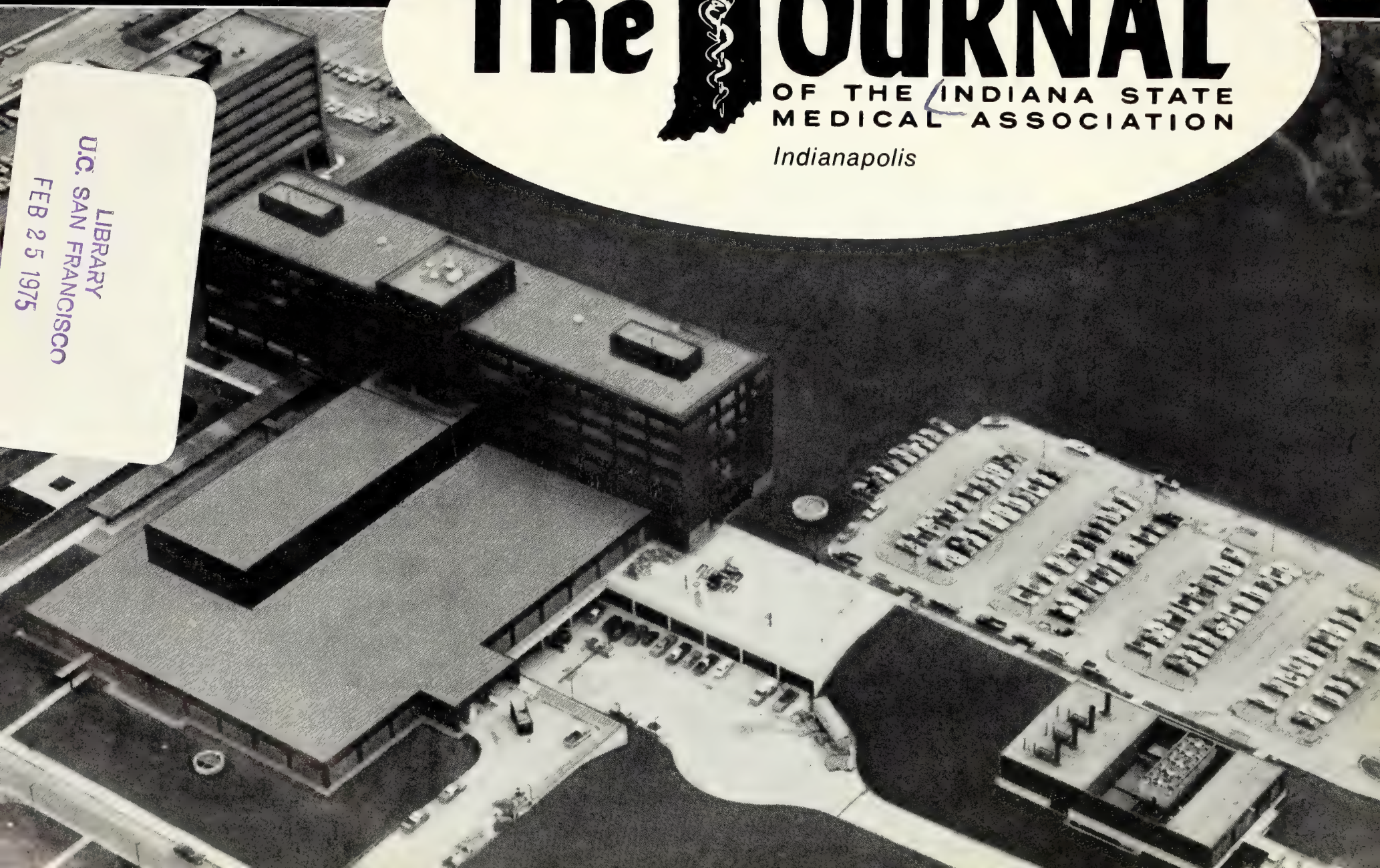
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Letters to the editor

To the editor:

I am enclosing two copies of Dr. Snively's article on Voluntary Hyperventilation as a Cause of Needless Drowning, which appeared in your journal in June 1972, as reproduced in our own printing plant.

We plan to make this article available to interested persons visiting our projects, The Boy Scouts of America—who have an aquatics camp at one of our projects—and to various swimming clubs in the Albuquerque area. We feel that this article may well help to prevent the loss of precious human life.

The Corps of Engineers is very grateful to both the Medical Association and to Dr. Snively for permission to reprint this article.

JOSEPH L. JONES
Chief, Construction-Operations, Division
Albuquerque District Corps of Engineers, Department of the Army
Albuquerque, NM

To the editor:

With all the gloom of inflation, the energy crisis, wars and rumors of wars surrounding us, I would like to share my happiness and good news with your retired and about-to-be-retired readers.

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For two very special reasons, our lives have taken on a whole new dimension, a whole new reason for existing. Like our courageous First Lady, Betty Ford, I have had successful surgery for breast cancer. And now, with our discovery of Costa Rica, for the first time since my husband retired from the U.S. Navy 14 years ago, we are going to be able to live—really live—on our retirement pay!

We are very excited about this. So much so, in fact, that if any readers would like more information about this beautiful, amazing little country and its Retirement Law, they can write me. I will be happy to share what I know with them.

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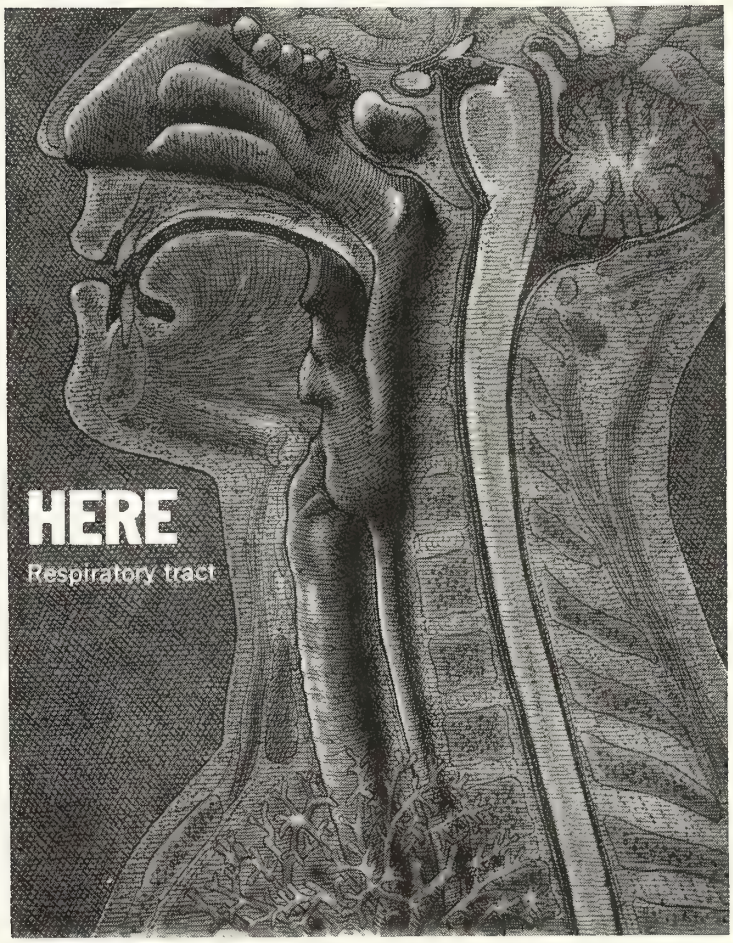
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Opinion & Dialogue

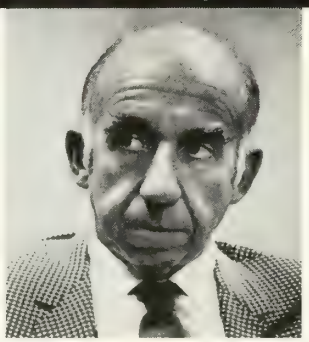


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"I may be prejudiced, but I am very much in favor of the detail men I meet. Most of them are knowledgeable about the drugs they promote and can be a great help in acquainting me with new medication."

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I think that most general practitioners in this area feel as I do about the detail man. Over the years I have gotten to know most of the men who visit me regularly and they in turn have become aware of my particular interests and the nature of my practice. They, therefore, limit their discussion as much as possible to the areas of interest to me. Since I usually see the same representative again in future visits, it is in his best interest to supply me with the most honest, factual, as well as up-to-date information about his products.



Dr. Jeremiah Stamler
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Northwestern University Medical School

"In the total picture of dealing with health problems in this country there is a potential for detail men to play a meaningful role."

The Positive Influence

My contact with representatives and salesmen of the pharmaceutical industry is the type of contact that people in a medical center, research people, and academic people have and that's in all likeliho on a somewhat different level from that of the practicing physician.

Let me touch on how I personally perceive the role of the sales representative. These men reach large numbers of health professionals. Thus they could be—and at times actually are—disseminators of useful information. They could consistently serve a real educational function in their ability to discuss their products.

At present they do distribute printed material, brochures and pamphlets—some of it scientifically sound and therefore truly useful—as well as some excellent films produced by the pharmaceutical industry. When they function in this

He a Source of Information?

Yes, with certain reservations. ne average sales representative as a great fund of information bout the drug products he is re- onsible for. He is usually able to nswer most questions fully and telligently. He can also supply prints of articles that contain a eat deal of information. Here, o, I exercise some caution. I usu- y accept most of the statements d opinions that I find in the pers and studies which come m the larger teaching facilities. goes without saying that a physi- an should also rely on other urces for his information on armacology.

aining of Sales Representatives

Ideally, a candidate for the sition as a sales representative a pharmaceutical company ould be a graduate pharmacist o has a questioning mind. I don't ink this is possible in every case, d so it becomes the responsibility of the pharmaceutical company to train these individuals comprehensively. It is of very great importance that the detail man's knowledge of the product he represents be constantly reviewed as well as updated. This phase of the sales representative's education should be a major responsibility of the medical department of the pharmaceutical company.

I am certain that most of these companies take special care to give their detail men a great deal of information about the products they produce—information about indications, contraindications, side effects and precautions. Yet, although most of the detail men are well informed, some, unfortunately, are not. It might be helpful if sales representatives were reassessed every few years to determine whether or not they are able to fulfill their important function. Incidentally, I feel the same way about periodic assessments of everyone in the health care field, whether they be general practitioners, surgeons or salesmen.

Value of Sampling

I personally am in favor of limited sampling. I do not use sampling in order to perform clinical testing of a drug. I feel that drug testing should rightly be left to the pharmacology researcher and to the large teaching institutions where such testing can be done in a controlled environment.

I do not use samples as a "starter dose" for my patients. I do, however, find samples of drugs to be of value in that they permit me to see what the particular medication looks like. I get to see the various forms of the particular medication at first hand, and if it is in a liquid form I take the time to taste it. In that way I am able to give my patients more complete information about the particular medications that I prescribe for them.

pacity they are indeed useful; rticularly in the fact that they sseminate broadly based educa- nal material and serve not just "pushers" of their drugs.

e Other Side of the Coin

Obviously, the pharmaceuti- l companies are not producing all s material as a labor of love— ey are in the business of selling oducts for profit. In this regard e ambitious and improperly moti- ted sales representative can ert a negative influence on the acticing physician, both by pre- nting a one-sided picture of his oduct, and by encouraging the actitioner to depend too heavily drugs for his total therapy. In ese ways, the salesman has often storted objective reality and dermined his potential role as an ucator.

e Industry Responsibility

Since the detail man must be information resource as well as representative of his particular armaceutical company, he ould be carefully selected and thoroughly trained. That training, perforce, must be an ongoing one. There must be a continuing battle within and with the pharmaceutical industry for high quality not only in the selection and training of its sales representatives, but also in the development of all of its promotional and educational material.

The industry must be ready to accept constructive as well as corrective criticism from experts in the field and consumer spokesmen, and be willing to accept independent peer review. The better educated and prepared the salesman is, the more medically accurate his materials, the better off the pharmaceutical industry, health professionals and the public—*i.e.,* the patients—will be.

Physician Responsibility

The practicing physician is in constant need of up-dated information on therapeutics, including drugs. He should and does make use of drug information and answers to specific questions supplied by the pharmaceutical representative. However, that information must not be his main source of continuing education. The practitioner must keep up with what is current by making use of scientific journals, refresher courses, and information received at scientific meetings.

The practicing physician not only has the right, but has the responsibility to demand that the pharmaceutical company and its representatives supply a high level of valid and useful information. I feel certain that if such a high level is demanded by the physician as well as the public, this demand will be met by an alert and concerned pharmaceutical industry.

From my experience, my impression is that sectors of the pharmaceutical industry are indeed ethical. I challenge the industry as a whole to live up to that word in its finest sense.

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005





Keeping things in balance...*

Antivert®/25 Tablets
(25 mg. meclizine HCl)

*INDICATIONS. Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 1(mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cl palate. Congeners of meclizine have caused cleft palate in species other than the r

Meclizine HCl is contraindicated in individuals who have shown a previo hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this dru patients should be warned of this possibility and cautioned against driving a car operating dangerous machinery.

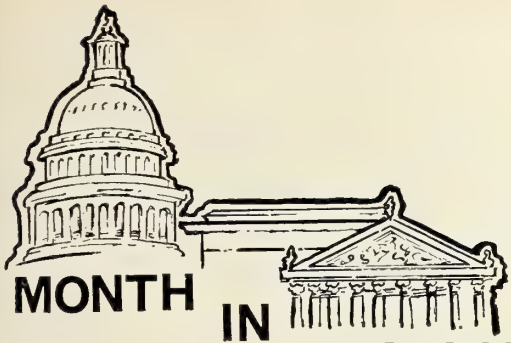
Usage in Children: Clinical studies establishing safety and effectiveness in childr have not been done; therefore, usage is not recommended in the pediatric age grou

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

ROERIG Pfizer

A division of Pfizer Pharmaceutica
New York, New York 10017



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

THE 93RD CONGRESS CONCLUDED its two-year session that was highlighted by the historic Watergate affair.

Congress held hearings but took no action on a National Health Insurance (NHI) program. However, the lawmakers approved during the last days a health planning bill anticipating NHI. Earlier, they voted for a liberalization of the Keogh plan allowing self-employed people to set aside much higher amounts for their retirement subject to tax deferral. Aid for medical education legislation foundered and will be revived this year.

The Democratic victories in the November elections, the Democratic push for legislative reforms within Congress, and the downfall of Rep. Wilbur Mills (D., Ark.) as Chairman of the House Ways and Means Committee signalled a more liberal and activist Congress in 1975.

The House Democratic Caucus voted to pack Ways and Means, which has the prime jurisdiction over NHI, with liberal Democrats and enlarge its membership to 37, compared to 25 last year. The ratio in 1975 is 25 Democrats, 12 Republicans. Rep. Al Ullman (D., Ore.) is the new Chairman. For the first time, Ways and Means will be broken into subcommittees. The Subcommittee on Health is headed by Rep. Dan Rostenkowski (D.,Ill.).

The Caucus stripped committee Democrats of their long-held power to appoint all House Democrats to committee slots, a move that weakened Ways and Means.

ON THE FINAL DAY OF THE SESSION in December, the last Congress approved legislation giving health planning agencies strong new authority over hospital services and construction. The lawmakers failed to reach agreement on health manpower bills that would have required many young physicians to serve in shortage areas and dictated apportionment of specialization education at medical schools.

Both measures had stirred controversy and generated opposition among health groups. The planning bill's most disputed original provisions would have paved the way for public utility-type regulation of physicians' services as well as those of institutions. These were dropped from the final version sent to the White House.

The health manpower bill had been toned down from the one first backed by Sen. Edward Kennedy (D., Mass.) and approved by the Senate Labor and Public Welfare Committee. A more moderate substitute was adopted on the Senate floor minus such items as relicensing of physicians. However, medical schools and medical provider organizations, including the American Medical Association, had contended the scaled-down bill was still too harsh in its effect on young physicians and medical schools. This opposition, plus Sen. Kennedy's decision to block action this year, killed the health manpower legislation. Meantime, existing programs will continue as in the past.

The planning bill, approved by a 236-79 House vote a few weeks previously, was swiftly adopted by a House-Senate conference which ironed out differences in the bills approved by the two chambers. The compromise was adopted by the House and Senate only hours before the 93rd Congress quit.

Conceived as a preparatory measure to gear for a national health insurance program, the planning bill sets up an elaborate system of federal standards and regulations covering state and local health planning agencies and endowing them with strong power to force institutions to abide by planning decisions on services. All new hospital building and expansion would be subject to rigid controls.

The aim is to avoid waste and duplication, provide efficiency, raise quality and availability, and relieve shortage areas. The incentive for the states is federal aid. The ultimate impact of the bill will be increased control from the state and federal level on institutional health care.

Writing the regulations to carry out the program will take a long time as will the ensuing administrative work of putting the planning scheme into operation. The bill provides for the establishment of local and state agencies for the development of comprehensive health plans under national guidelines developed by the Secretary of Health, Education, and Welfare. Health systems agencies would be set up throughout the United States. The

Continued

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 20-22, 1975—French Lick

OFFICERS FOR 1974-75

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Member, Exec. Com.—Wm. R. Clark, 3622 S. Calhoun St., Fort Wayne 46807; Joe Dukes, Dugger 47848

Speaker of the House—John W. Beeler, 1815 N. Capitol Ave., Indianapolis 46202

Vice Speaker—William R. Cast, 3030 Lake Ave., Fort Wayne 46805

Executive Secretary—Mr. James A. Waggener, 3935 N Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Bernard Rosenblatt, Evansville	Oct. 1977
2—Paul W. Holtzman, Bloomington	Oct. 1975
3—Eli Goodman, Charlestown	Oct. 1976
4—Howard C. Jackson, Madison	Oct. 1977
5—Cleon M. Schauwecker, Greencastle	Oct. 1975
6—Paul M. Inlow, Shelbyville	Oct. 1976
7—John O. Butler, Indianapolis	Oct. 1977
7—Joseph F. Ferrara, Franklin	Oct. 1975
8—Richard Ingram, Montpelier (Chairman)	Oct. 1975
9—William M. Sholty, Lafayette	Oct. 1976
10—Martin O'Neill, Valparaiso	Oct. 1977
11—James A. Harshman, Kokomo	Oct. 1975
12—Alvin J. Haley, Fort Wayne	Oct. 1976
13—G. Beach Gattman, Elkhart	Oct. 1977

ALTERNATES

District	Term Expires
1—E. DeVerre Gourieux, Evansville	1976
2—Edgar R. Cantwell, Vincennes	1977
3—Thomas Neathamer, Jeffersonville	1977
4—William Blaisdell, Seymour	1976
5—William G. Bannon, Terre Haute	1976
6—Glen Ward Lee, Richmond	1975
7—John Pantzer, Indianapolis	1975
7—Donald McCallum, Indianapolis	1977
8—Jack L. Alexander, Muncie	1976
9—Max N. Hoffman, Covington	1977
10—Leonard W. Neal, Munster	1975
11—Lloyd L. Hill, Peru	1977
12—Franklin A. Bryan, Fort Wayne	1977
13—Donald S. Chamberlain, South Bend	1976

Joe Dukes, Dugger

SECTION OFFICERS 1974-1975

Section on Surgery:
Chairman—Lowell Hillis, Logansport
Vice-Chairman—Robert Nagan, Indianapolis
Secretary—Jay Grosfeld, Indianapolis

Section on Internal Medicine:
Chairman—Thomas W. Alley, Indianapolis
Vice-Chairman—Douglas H. White, Jr., Indianapolis
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Section on Ophthalmology and Otolaryngology:
Chairman—Kenneth Isenogle, Fort Wayne
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Section on Anesthesiology:
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Vice-Chairman—Normand Townley, Indianapolis
Secretary—R. K. Stoelting, Indianapolis

Section on Public Health and Preventive Medicine:
Chairman—Robert M. Seibel, Nashville
Vice-Chairman—Ivan T. Lindgren, Aurora
Secretary—David J. Edwards, Indianapolis

Section on Radiology:
Chairman—L. Ray Stewart, Evansville
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Secretary—John Knote, Lafayette

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Secretary—Victor Muller, Indianapolis

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Secretary—Julian Kaufman, Fort Wayne

Section on Urology:
Chairman—Frank B. Adney, Jr., Richmond
Secretary—Russell L. Judd, Indianapolis

DELEGATES TO THE AMA

Terms expire December 31, 1975:
Delegates: Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Hammond.

Alternates: Thomas C. Tyrrell, Hammond; Peter R. Petrich, Attica.

Terms expire December 31, 1976:
Delegates: James A. Harshman, Kokomo; John O. Butler, Indianapolis; Malcolm O. Scamahorn, Pittsboro.
Alternates: George Lukemeyer, Indianapolis; Ross L. Egger, Daleville; Everett Bickers, Floyds Knobs.

1974-75 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	Albert S. Ritz, Evansville	John H. Barrow, Dale	
2.	Jack L. Shanklin, Vincennes	J. S. Brown, Carlisle	
3.	Claude J. Meyer, Jeffersonville	Charles X. McCalla, Paoli	Clarksville
4.	A. A. Daftary, Batesville	Lanny Copeland, Osgood	Ripley County
5.	Paul Humphrey, Terre Haute	Fred Dierdorf, Terre Haute	Terre Haute
6.	Davis W. Ellis, Jr., Rushville	Clarence G. Clarkson, Richmond	Richmond
7.	Ray D. Miller, Martinsville	M. O. Scamahorn, Pittsboro	
8.	Eugene M. Gillum, Portland	James S. Fitzpatrick, Portland	June 4, 1975, Portland
9.	Arthur Schoonveld, Brook	Kenneth Ahler, Rensselaer	June 12, 1975, Rensselaer
10.	Joseph M. Siekierski, Griffith	James R. Brown, Valparaiso	
11.	George W. Wagoner, Delphi	Fred Poehler, La Fontaine	Sept. 17, 1975, Delphi
12.	J. Robert Edwards, Auburn	Thomas A. Felger, Fort Wayne	Sept. 11, 1975
13.	John O. Hildebrand, Jr., South Bend	David L. Spalding, Mishawaka	South Bend

Continued

bill requires that all states enact certificate-of-need legislation; it expands existing review authority to include authority to review existing facilities and services as well as proposed facilities. The measure authorizes federal assistance to no more than six states which have rate-setting legislation or are planning such legislation in the near future. This demonstration federal assistance would be given to designated state health planning and development agencies for the regulation or establishment of rates for the payment or reimbursement of those engaged in the delivery of health services.

Under the bill, a National Council on Health Planning and Development will make recommendations on national guidelines and implementation and evaluate "the implications of new medical technology for the organization, delivery, and equitable distribution of health care services." Health services areas would be established throughout the United States.

A health systems agency for a health service area will be a non-profit private corporation (or similar legal mechanism such as a public regional corporation) which is incorporated in the state; or a public regional planning body if it is has a governing board composed of a majority of elected officials of units of general local government if the area of the jurisdiction of that unit is identical to the health service area.

State health planning and development agencies would conduct the health planning activities of the state and implement those parts of the state health plan and the plans of the health systems agencies within the state which relate to the government of the state.

A state health planning and development agency shall be advised by a statewide health coordinating council.

STRICT UTILIZATION REVIEW PROCEDURES for Medicare and Medicaid were ordered by the HEW Department.

The final regulations tighten and standardize hospital and skilled nursing home admission and stay rules for federal program beneficiaries. They are designed to be applicable to all patients and to fit in with any future NHI program.

"Health care is an expensive and scarce resource," commented HEW Secretary Caspar Weinberger. "We must learn now to make the most efficient use of it before National Health Insurance places additional demands on the system."

The regulations are expected to have a great impact on all hospital and nursing home review operations.

The HEW Department said they are compatible with and supportive of HEW's Professional Standards Review Organization (PSRO) program, and will permit an orderly transition to the operation of the PSROs. While the nationwide PSRO program is one to two years away from full scale operation, review under these new regulations can begin now in all facilities serving eligible individuals. The regulations implement provisions of the Social Security Amendments law approved by Congress in 1972.

A controversial feature of the earlier proposed regulations was to require pre-admission certification. This drew a flood of protests—8,000 adverse comments of 8,300 responses overall—and was dropped from the final regulations.

The new requirements and the major changes in the final regulations which modify conditions of participation by hospitals and skilled nursing facilities in Medicaid and Medicare programs are:

- Hospitals will be required to undertake concurrent admission review, rather than prior approval as first proposed. Approved length of stay will be based on patients' condition and diagnosis and will be subject to extension, if medically justified.
- Timely review of a patient's need for continued hospitalization according to criteria developed by the review committee, and retrospective review of the quality of care through medical care evaluation studies.
- Composition of the utilization review committee has been changed to permit professional personnel employed by hospitals to be members.

In addition, under Medicaid, states will be required to establish utilization control programs which include provisions for (1) physicians' certification at admission and every 60 days thereafter of a patient's need for institutional care; (2) development and review of a plan of care for each patient; and (3) on-site inspections to determine adequacy and quality of services.

Here's how HEW described hospital admission review rules for Medicare and Medcaid:

- All patients admitted under Medicare or Medicaid are reviewed.
- Review within one working day of admission and final determination made within two working days.
- Review using criteria and standards developed by the utilization review committee.
- Appropriate regional norms are used, where available, to assist in assigning a date for extended stay review.
- Selected diagnosis/problems, practitioners; or institutions which present problems are reviewed in greater depth.

For hospital stay review, all patients still in the hospital on the date assigned at admission will be reviewed. They will be reviewed prior to or on date assigned at admission. A final determination is made within two

Continued

COUNTY MEDICAL SOCIETY DIRECTORY

County	President	Secretary
Adams	Norman E. Beaver, Berne	Hyung Soo T. Lee, 227 S. Second St., Decatur 46733
Allen (Fort Wayne)	Robert Schmoll, Fort Wayne	Herbert J. Acker, 3610 Brooklyn Ave., Fort Wayne 46807
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wayne
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Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	Paul R. Honan, Lebanon	Fuad A. Mukhtar, 1604 N. Lebanon St., Lebanon 46052
Carroll	Marilyn Wagoner, Burlington	Robert Seese, 101 W. North St., Delphi
Cass	Jay M. King, Logansport	Joseph S. Bean, Two Chase Park, Logansport 46947
Clark	George H. Rudwell, Jeffersonville	Roy Fultz, Medical Arts Bldg., Jeffersonville 47130
Clay	Robert C. Oehler, Brazil	E. L. Conrad, 1207 E. National Ave., Brazil
Clinton	Lee F. Dupler, Frankfort	Harry T. Stout, 1201 Oak St., Frankfort 46041
Daviess-Martin	Clarence E. Snyder, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
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Hancock	James T. Anderson, Greenfield	Wm. R. Rhynearson, 110 Staat St., Fortville 46040
Harrison-Crawford	Carl E. Dillman, Corydon	Richard A. Jordan, Harrison Drive, Corydon
Hendricks	Robert W. Kirtley, Danville	David M. Hadley, R. 1, Almond Court, Plainfield 46168
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Kosciusko	Thomas F. Keough, Warsaw	Roland Snider, 604 E. Winona, Warsaw 46580
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Lake	Walfred A. Nelson, Gary	Thomas A. Gehring, 6111 Harrison St., Merrillville 46410
		Mr. John B. Twyman, Ex. Dir., 6685 Broadway, Merrillville 46410
LaPorte	Rodney A. Mannion, LaPorte	William A. Stark, 1601 Franklin St., Michigan City 46360
		Orville O. Schumm, Exec. Dir., 110 South Ave., La Porte 46350
Lawrence	Guy H. Waldo, Bedford	E. H. L. Bennett, Dunn Memorial Hosp., Bedford 47421
Madison	Suel Sheldon, Anderson	Kenneth E. Schemmer, 1931 Brown St., Anderson 46014
Marion	I. E. Michael, Indianapolis	Douglas H. White, Jr., 3524 N. Meridian, Indianapolis 46208
		Mr. Harold W. Hefner, Exec. Secy., 211 N. Delaware St., Indianapolis
Marshall	Marshall E. Stine, Bremen	James N. Hampton, 530 N. Michigan St., Argos 46501
Miami	Maurice Sixbey, Denver	A. L. Baluyut, 29 E. Main, Peru 46970
Montgomery	Paul E. Ludwig, Crawfordsville	W. E. Shannon, 215 Ward St., Crawfordsville
Morgan	Lowell R. Steele, Mooresville	Maurice A. Turner, 315 N. Home Ave., Martinsville
Newton	John C. Parker, Goodland	Marcelino F. Guzman, Morocco 47963
Noble	Robert C. Stone, Ligonier	Carl F. Stallman, M.D., 409 E. Wayne St., Kendallville 46755
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Robert D. Robinson, Jr., Bloomington	Kermit Q. Hibner, P.O. Box 1149, Bloomington 47401
Parke-Vermillion	Welbon D. Britton, Montezuma	Antolin M. Montecillo, 3rd at Walnut, Clinton
Perry	Robert Gilbert, Tell City	Robert A. Ward, Professional Bldg., Tell City
Pike	M. H. Omstead, Petersburg	Donald Hall, Petersburg 47567
Porter	Alfred Kobak, Valparaiso	Frederick Hoham, 2674-P Portage Mall, Portage 46368
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	Charles Heinsen, Winamac	Edw. L. Hollenberg, 613 Tippecanoe Dr., Winamac 46996
Putnam	John Ellett, Jr., Coatesville	Fred Haggerty, 600 N. Arlington #E, Greencastle 46135
Randolph	C. R. Chambers, Union City	Jerome M. Leahey, R.R. 2, Union City 47390
Ripley	Manuel G. Garcia, Batesville	
Rush	Harry G. McKee, Rushville	Charles Sheets, Manilla 46150
St. Joseph	Gordon C. Cook, South Bend	David Spalding, 427 Lincolnway W., Mishawaka 46544
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Ignacio B. Castro, Scottsburg	Amada Trinidad, Scott Memorial Hospital, Scottsburg 47170
Shelby	William L. Green, Shelbyville	E. T. Banguis, 103 W. Washington St., Shelbyville 46176
Spencer	Michael O. Monar, Rockport	John C. Glackman, Jr., Rockport
Starke	Robert Goode, Knox	Earl Leinbach, Hamlet
Steuben	Donald G. Mason, Angola	John J. Hartman, 909 W. Maumee, Angola 46703
Sullivan	Robert O. Bethea, Farmersburg	J. S. Brown, Carlisle
Tippecanoe	Caroline E. Hass, West Lafayette	David L. Evans, 2424 Ferry St., Lafayette 47904
Tipton	R. L. Haller, Kempton	D. W. Lambert, R.R. 4, Tipton 46072
Vanderburgh	C. C. Young, Evansville	Mrs. Carole Rust, Exec. Dir., 421 N. Main St., Evansville 47711
Vigo	William E. Scully, Terre Haute	William Drummy, 1024 S. Sixth St., Terre Haute 47807
		William L. Purcell, Exec. Secy., P. O. Box 986, Terre Haute
Wabash	Wilbur D. McFadden, North Manchester	Phillip C. Ferguson, 1025 Manchester Ave., Wabash 46992
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	F. T. Castueras, Salem	Donald L. Martin, 304 E. Market St., Salem 47167
Wayne-Union	Glen A. Ramsdell, Richmond	Frank Deanovic, 1400 Chester Blvd., Richmond 47374
Wells	Louis F. Bradley, Bluffton	Russell E. Graf, 1110 Highland Park Circle, Bluffton 46714
White	Warren V. Morris, Monticello	W. Martin Dickerson, 1114 O'Connor Blvd., Monticello 47960
Whitley	V. Park Huffman, South Whitley	Joe B. Mishler, P.O. Box 276, Pierceton 46562

working days of the end of the certified period. The review employs criteria and standards developed by the utilization review committee.

Purpose of required medical care evaluation studies "is to improve the quality of medical care and the efficiency of health care delivery," HEW said. The studies will be retrospective with in-depth reviews of known or suspected problem areas in medical care.

The studies should identify specific needed changes, and lead to appropriate action programs to make such changes—i.e., programs of continuing education.

Each institution must have at least one study in progress at any point in time and must complete at least one study annually, HEW said.

CHARLES EDWARDS, M.D., RESIGNED as assistant secretary for health at the HEW Department. He will become senior vice-president of Becton, Dickenson and Company, manufacturer of medical and surgical equipment in Rutherford, N.J.

Dr. Edwards, 51, served five years at HEW, starting off in 1969 as commissioner of the Food and Drug Administration. Previously, he was an executive with the management consultant firm of Booze, Allen and Hamilton, and director of the Division of Socio-economic Activities of the AMA.

PRESIDENT FORD VETOED the $1.8 billion health revenue sharing and health services bill which provided authorizations for Community Mental Health, Migrant Workers, and Neighborhood Health Centers. These programs will be funded on an interim basis until Congress takes another crack this year. The Administration had opposed many provisions, and the veto was no surprise. President Ford said the bill called for three times as much spending as the Administration wanted.

The bill provided $320 million for health revenue sharing programs in 1975-76.

Community health centers were authorized $258 million for the two years.

Migrant health centers would have been authorized $105 million for grants to establish and operate in high-impact areas. Family planning services were authorized $334 million for project and training grants and contracts.

Home health services would have received $15 million.

THE SUPREME COURT REFUSED to block a lower court requirement that drug manufacturers warn parents during community-wide vaccination drives that vaccine might be harmful.

The AMA, pediatricians and epidemiologists had warned that parents' fears could hamper inoculation campaigns.

Manufacturers are required by the federal government to include warning pamphlets in drug shipments to pharmacists. There is no requirement to warn the patient.

The Supreme Court appeal was brought by Wyeth Laboratories, which manufactures a Sabin oral vaccine. The vaccine was used during a 1970 drive to combat a polio epidemic in Hidalgo County, Tex.

THE AMA URGED THE ADMINISTRATION to explore with it the feasibility of legislation dealing with the malpractice liability of physicians in treating beneficiaries of federal programs.

In a message delivered to HEW Secretary Caspar Weinberger by AMA President Malcolm C. Todd, M.D., and Richard Palmer, M.D., Chairman of the AMA Board of Trustees, the Association declared that "what is needed is a swift system for paying deserving claims so that justice can be prompt. For both the physician accused of malpractice, who bears a severe emotional burden, and the patient who becomes an unfortunate plaintiff, justice delayed is justice denied."

The letter by Dr. Todd noted that in 1975 as much as 50% of the cost of health care may be provided through government-sponsored plans and programs.

Dr. Todd said at present it is estimated that after all costs of the tort system are met—fees to defense and plaintiff's attorneys—and witnesses, costs of investigation, insurance underwriting, etc., plaintiffs actually receive a net of only $1.00 out of every $6.00 paid in premiums for hospital and physician's liability insurance.

He pointed out that government health care programs now contribute a major part of the cost of a system which provides claimants with only 16 cents out of every dollar paid for malpractice insurance. The remainder goes for the services of plaintiffs and defense lawyers, investigators, witnesses, insurance carriers and brokers, and miscellaneous items of overhead, Dr. Todd noted.

"Any payments or awards made to claimants arising out of medical accidents should exclude medical costs which, in fact, were actually paid for by Medicare, Medicaid, etc. Under existing law, a successful malpractice claimant can recover for medical and hospital costs that have been paid or that will be paid in the future by Medicare, Medicaid. Such windfall payments which the government pays for directly or indirectly should cease," said Dr. Todd in the letter.

He urged "a conference at the earliest mutually convenient time between representatives of the AMA and HEW to discuss the feasibility of federal legislation which would deal with the concepts discussed."

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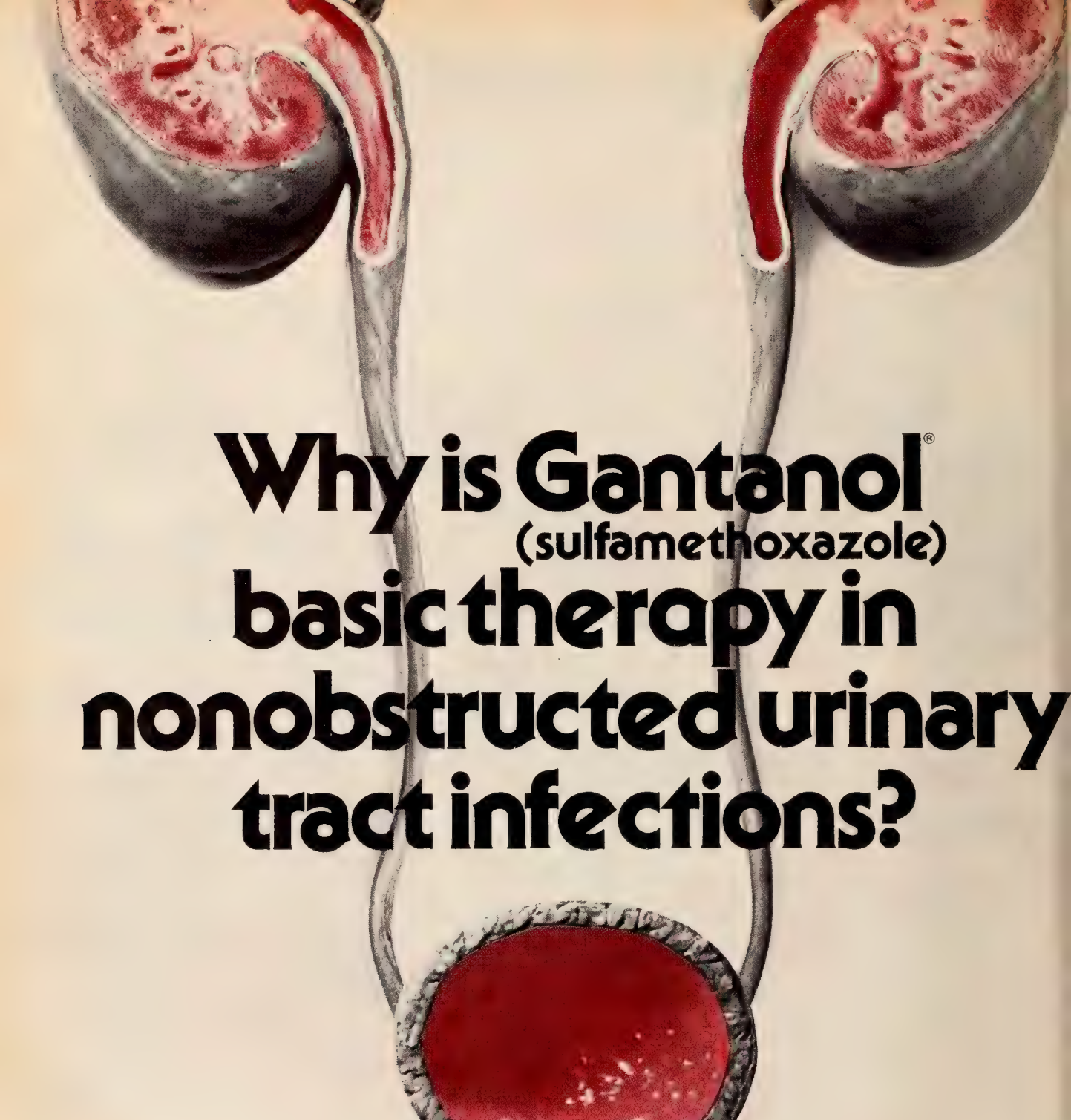
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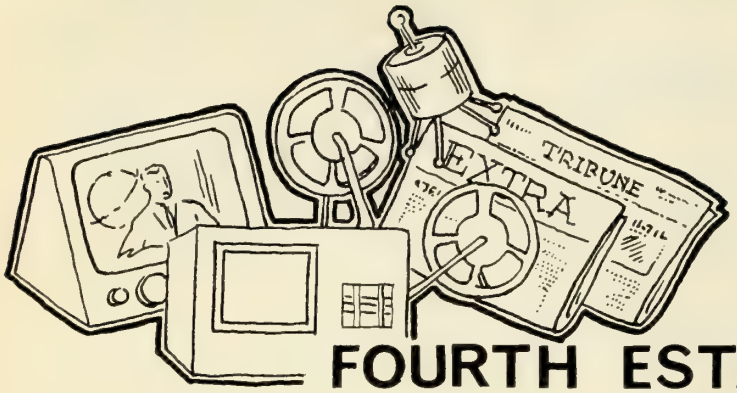
Usual adult dosage: 2 Gm (4 tabs or teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

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FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Doctors' and Patients' Rights

Anger is not uncommon among the survivors when a doctor, in spite of all his efforts, does not save a patient's "right to live."

This is understandable. Who wants a loved one to die?

Yet the medical profession as a whole is damaged by a growing prevalence of turning to the courts and a lawsuit to make a doctor pay for the life he has almost certainly endeavored honestly to save but could not.

Often the effort of affixing legal financial liability may be directed at the doctor who administers the anesthetic for an operation. Witness the announcement last week that Community Hospital faces a prospect of sharply curtailing its surgical services because of difficulty encountered by anesthesiologists in obtaining insurance protection against such damage suits.

The usual charge is "malpractice." It is customarily dealt with by a civil court jury, whose members are susceptible to appeals that a doctor should have to pay for his "mistakes," sometimes including the loss of the life of a hopelessly or terminally ill patient.

The problem goes beyond that. It includes the peril of malpractice suits directed against doctors who give first-aid at accident scenes to victims in serious danger of permanent injury or death. In recent cases, the doctor practicing the mere humanitarian deed of giving aid at an accident scene has been held responsible and charged with malpractice if the patient dies. This seems an outright injustice.

A bill aimed at placing medical malpractice suits under a new state agency has been proposed for consideration by the Indiana General Assembly.

The proposed bill would limit damages to $50,000 for permanent impairment and $50,000 in case of death for compensatory costs, including doctor, hospital and funeral bills and related expenses.

It would limit on a sliding scale plaintiff attorneys' fees, ranging from 40 per cent of any recovered amount up to $1,000 to 10 per cent for amounts over $100,000.

It seems a sensible proposal. Some Indianapolis hospitals are threatening to go out of the emergency care business because of the extreme rise in rates of insurance against malpractice suits. Some have charged such suits are coming close to being a racket.

The proposed bill might end at least part of the current practice of abusing members of the medical profession by making civil damage cases of unlimited liability a course to easy money for unscrupulous individuals.

Its social consequences are apparent: it would allow more doctors to practice medicine without fear of impending damage suits that could end their careers.

There are, to be sure, problems of quacks and incompetents, but the question arises whether the system of getting at those problems is endangering survival of the ethical, dedicated practitioners.—*The Indianapolis Star,* Dec. 11, 1974.

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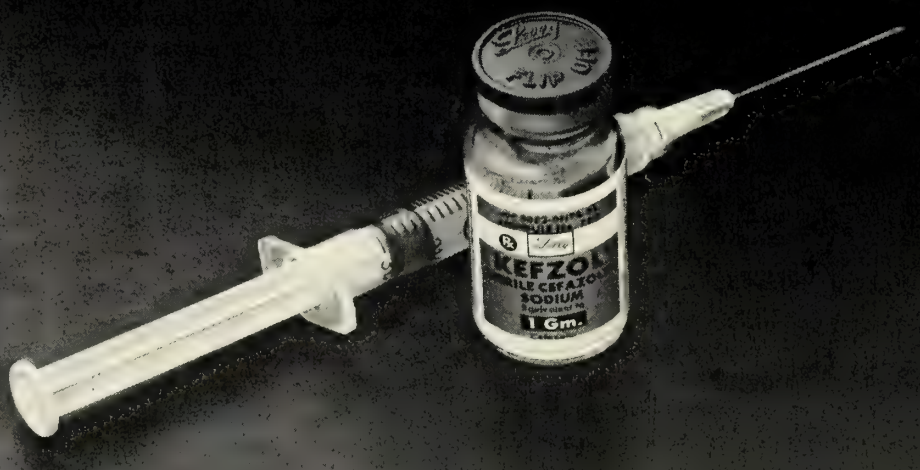
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 68—February 1975—Number 2

A Second Look at Dissecting Aneurysms of the Thoracic Aorta and Chronic Aneurysms Due to Cystic Medial Necrosis

HARRIS B SHUMACKER, JR., M.D.
Indianapolis

IN April 1971 I reviewed my personal experiences over the preceding eight years concerning the operative treatment of patients with acute dissecting aneurysms of the thoracic aorta and chronic aneurysms resulting from cystic medial necrosis[1]. It seems appropriate now to have another look at this subject. Most of the concepts which I then felt were established have remained valid, some conclusions reached have been strengthened, some ideas have been altered and certain modifications in technic have been instituted.

In 1971 the review included 23 primary and two secondary operations upon 22 patients, one patient having suffered two separate episodes of dissection, both of which were treated by operation.* During the little more than 10-year period covered in the present study, thirty seven primary and four secondary related vascular operations have been performed.†

Operative Versus Medical Management

No new information has come to light to alter the conclusion that early operative treatment offers the best outlook for the patient with acute dissection, though all agree that the most effective possible control of any hypertension present is a matter of continuing importance. Operative management affords patients with chronic aneurysms a satisfactory prognosis, the principal troubles being those related to the prosthetic valves, insertion of which is so often a necessary part of the procedure. I shall not discuss medical treatment further in this report.

Hospital Survival

It is not easy to analyze the risk of operative repair and hospital survival in these patients because they differ so much in age, general condition, duration of illness and site and extent of aortic involvement. I have attempted to do this as best I can and have divided the cases into several groups which tend to partition them most effectively with relationship to the more important clinical features and operative problems (Table I). Those with acute dissection and the two unusual ones with subacute dissection are considered separately from those with chronic aneurysms. They are also analyzed according to the site of aortic wall tear and the procedure performed. I am here concerned only with recovery and discharge from the hospital and shall discuss later difficulties subsequently.

Acute Dissection

1. *Cases with tear in ascending*

From the Department of Surgery, the Indiana University Medical Center, 1100 W. Michigan St., Indianapolis 46202, and St. Vincent Hospital, 2001 W. 86th St., Indianapolis 46260.

Presented before the International Cardiovascular Society, October 27, 1973, Barcelona, Spain.

Request for reprints should be addressed to Suite 411, St. Vincent Professional Bldg., 8402 Harcourt Road, Indianapolis 46260.

*The second was treated during my absence from the city by my colleague, Dr. Harold King.

†These cases include only those for which I had personal operative responsibility. They do not include a hopelessly ill patient with whose operation I assisted a resident surgeon, a patient who developed cardiac arrest prior to being taken to the operating room because of frank rupture of the dissected ascending aorta.

TABLE I
HOSPITAL SURVIVAL

Operations	Sex M	Sex F	Age Range	Age Mean	Hypertension Def.	Hypertension ?	Hypertension None	Aortic Insuff.	Site of Aortic Tear	Extent of Dissection	Type of Bypass	Hospital Survival
Acute and Subacute Dissecting Aneurysms												
Tear in Ascending Aorta. Ascending Aortic Resection												
13	10	3	24-70	48.5	7	3	3	11	S-V 12 Distal A.A. 1	A.A. 1 Arch 2 D.T. 3 Abd. 7	C-P 13	100%
Tear in Descending Thoracic Aorta. Resection												
11	6	5	37-73	60	6	3	2	0	L-S 10 Distal D.T. 1	D.T. 1 Abd. 10	A-F 8 Arch-F 1 F-F-O 1 A.A.-F, C-P	73%
Tear in Aortic Arch. Resection Arch and Descending Thoracic Aorta												
1	1			78		1		0	Arch	D.T.	A-D.T.-O	100%
Incorrect Localization of Site of Aortic Tear												
3	2	1	46-68	54.5	1	2		1	?L-S 2 ?S-V 1	Abd. 3	C-P 2 A-F 1	100%
Acute Dissection and Old Chronic Aneurysm												
2	1	1	61-72	67	2				L-S 2	Abd. 2	A-F-O 2	50%
Chronic Aneurysms												
Aneurysm of Ascending Aorta												
6	4	2	42-68	54.7	3	2	1	6	S-V 1 ? 6	A.A. 6	C-P	83%
Aneurysm of Descending Thoracic Aorta												
1	1			64	1				?	D.T.	A-F	100%
Secondary Related Vascular Operations												
1	1			42	Replacement of aortic valve.							
2	2		32-57	43.5	Aortic-iliac reconstructive procedure.							75%
1		1		38	Excision arch aneurysm.							
All Cases												
41												85%

SYMBOLS

The following symbols are used:

+	definite hypertension
±	mild or questionable hypertension
0	no hypertension
A.A.	ascending aorta
D.T.	descending thoracic aorta
Abd.	abdominal-iliac segment
S-V	supravalvular
L-S	just beyond origin left subclavian
C-P	cardiopulmonary bypass
A-F	closed pump atrial-femoral or iliac
A-F-O	open atrial-femoral or iliac pump bypass
F-F	femoral-femoral or iliac-iliac partial cardiopulmonary bypass
Arch-F	arch-femoral bypass
A.A.-F	ascending aorta-femoral bypass
A-D.T.-O	open atrial-descending thoracic aortic bypass

aortic wall treated by aortic resection. Thirteen patients were recognized as having had a tear in the wall of the ascending aorta. Ten were males, three females. Their ages ranged from 24 to 70 and averaged 48.5 years. Seven were definitely hypertensive, three had mild or questionable hypertension, and three were clearly normotensive. Eleven were typical cases of acute dissection, the duration of the illness varying from a few hours to 21 days. Two of the 11 had had previous dissections some weeks or months beforehand. Two patients are included who had a subacute dissection. These are the only instances of subacute dissection in this entire review.) The acute episode had taken place about three and a half months beforehand in one instance. In the other, an acute dissection had occured five months

beforehand; and probably a second, three; and a third one month before operative treatment. Eleven of the 13 had acute aortic insufficiency (85%). In 12 the split in the aortic wall was in the usual supravalvular area. In the one exceptional case, it occurred more distally in the ascending aorta. Whenever aortic insufficiency existed, the aortic valve was carefully resuspended. In the single instance in which the dissection was limited to the ascending aorta, resection was carried out with restoration of continuity by end-to-end aortic anastomosis. In two patients it appeared that the dissection ended somewhere in the aortic arch; in three, in the descending thoracic segment; and in all the rest it extended into the abdominal-iliac area. After the split in the aortic wall was closed off proximally and distally, ascending aortic dacron grafts were inserted in these 12 cases. Total cardiopulmonary bypass was utilized in all instances. All 13 patients recovered from the operation. As will be mentioned subsequently, ascending aortic resection was similarly carried out in two additional patients in which the tear in the aortic wall actually occurred more distally. They also survived the operation and left the hospital in seemingly good condition.

2. *Cases with tear in the descending thoracic aorta treated by resection and grafting.* There were 11 operations performed upon 10 patients. Six procedures were in males, five in females. Their ages ranged from 37 to 73 and averaged 60 years. Six were hypertensive, three had questionable or mild elevation of blood pressure and in two the blood pressure was clearly within the normal range. None had acute aortic insufficiency. The split in the aortic wall was just distal to the site of origin of the left subclavian in all the patients. In one exceptional patient, a second acute dissection occurred further down in the descending thoracic aortic segment several centimeters distal to the previously inserted aortic graft. In only one instance was the dissection apparently limited to the descending thoracic area. In all the others it continued down into the abdominal-iliac area. Closed atrial-femoral or iliac pump bypass was utilized in eight, free aortic arch to femoral bypass in one, and in one case, open femoral to femoral bypass using a small heart-lung apparatus with immediate recovery and return of blood lost. In one patient a bypass graft inserted between the ascending aorta and the femoral artery was associated with tearing out of sutures in the ascending aorta and resulted ultimately in necessary placement of the patient upon total cardiopulmonary bypass. There were three hospital deaths in this group, a survival rate of 73%.

3. *Tear in aortic arch with aortic arch-descending thoracic aortic reconstruction.* In one 78-year-old male patient, the tear began immediately distal to the point of origin of the left carotid. The dissection extended well down into the descending thoracic aortic segment. An open left atrial to distal thoracic bypass was established using the heart-lung machine with recovery and reinfusion of all blood lost. A graft was inserted end-to-side into the uninvolved distal segment of the thoracic aorta and end-to-end to the subclavian. The arch and the involved segment of the aneurysm were then removed and a dacron graft interpolated. This patient recovered and left the hospital in good condition.

4. *Incorrect localization of the site of aortic tear.* In three of the patients, it was impossible to be sure from the arteriographic survey just where the aortic break had occurred. One of the three had acute aortic insufficiency and all three a hemopericardium. The dissection extended down into the aortic-iliac area in all. In two instances it was assumed that the most likely site of aortic wall disruption was in the supravalvular area and they were operated upon with total cardiopulmonary bypass through a median-sternotomy incision. No tear in the resected ascending aorta, however, was demonstrated in either. In both the hemopericardium was evacuated, the split aortic wall was reunited in the immediate supravalvular area and in the one case with a flail valve a resuspension procedure was carried out. Grafts were inserted in both cases.

The acute episode in the third patient, a 40-year-old female, had begun in her home with syncope which had been treated by vigorous external cardiac massage by a member of the family. There was no murmur of aortic insufficiency. It was known that there was a hemopericardium and a hemopneumothorax. It was erroneously assumed that all of this was best explained by the vigorous cardiac massage she had undergone and she was operated upon through a left postero-lateral thoracotomy incision. The involved portion of the descending thoracic aorta was removed. No tear was present in this segment and it was evident that the disruption had occurred more proximally. For this reason, a wide fenestration procedure was performed proximally, the split wall united distally and a long graft inserted. She made a good immediate recovery.

Thus, all three in whom the site of aortic wall tear was incorrectly localized withstood the operation and were discharged from the hospital.

5. *Acute dissection superimposed upon a large, old, chronic aneurysm involving the descending thoracic aorta.* One 61-year-old male patient whose acute illness began with hematuria had an acute dissection beginning just distal to the origin of the left subclavian superimposed upon a large, old, chronic aneurysm of the descending thoracic aorta. His operation went well and he made a satisfactory recovery.

Another 72-year-old woman had an old, large, chronic aneurysm involving the distal end of the aortic arch and a significant portion of the descending thoracic aorta. She had a massive hemothorax at the time

she developed the acute dissection and was taken to the operating room. The blood in the chest was recovered, heparinized, collected in a small heart-lung machine and reinfused. At the same time, the iliac artery and vein were catheterized for partial bypass. The large aneurysm badly compressed the hilum of the lung and was densely adherent to the pulmonary vessels. The undersurface of the arch had to be freed from the pulmonary artery in order to place a clamp across the distal arch and, in doing so, a tear was unfortunately made in the pulmonary artery. Unsuccessful efforts to control this by suture finally led to the performance of a pneumonectomy as well as a resection of the involved segment of the aorta and interpolation of a graft. Postoperatively she developed oliguria and, during dialysis on the sixth postoperative day, became hypotensive, developed cardiac arrest and expired.

Chronic Aneurysms

1. *Aneurysms of the ascending aorta.* Six patients, four males and two females, ranging in age from 42 to 68 and averaging 54.7 years, had chronic aneurysms of the ascending aorta, all associated with severe aortic insufficiency and massive left ventricular failure. All were operated upon with the aid of total cardiopulmonary bypass. In each instance it was judged necessary to replace the aortic valve. In five, ball valve prostheses were inserted; in the sixth, a fascia lata valve. In the first three cases treated an extensive aortoplasty was performed with considerable reduction in the size of the ascending aorta. In the last three, the aneurysm was removed and a graft inserted. Only in one of the six patients could an old split in the aortic wall be identified definitely. Five of the patients recovered relatively uneventfully. The sixth, a 64-year-old male, seemed to be making a reasonably good recovery. His atrial fibrillation had been under good control when on the twelfth postoperative day he suddenly developed a marked increase in ventricular rate associated with dyspnea. Though he appeared to respond favorably to treatment at first, he died later the same day. Thus five of these six patients recovered (83%).

2. *Aneurysm of the descending thoracic aorta.* In one 64-year-old male, there was a chronic aneurysm of the descending thoracic aorta due to cystic medial necrosis. It was excised with the assistance of closed pump atrial-femoral bypass, a graft was inserted and recovery was uneventful.

Comments on Hospital Survival

Thirty-two of the 37 primary operations were followed by recovery of the patient and discharge from the hospital (87%). By and large, they were a very ill group of patients. Some were in profound congestive heart failure. Some were so obtunded they recall nothing of their admission to the hospital nor of their operative treatment. Some were azotemic. Several had completely ischemic lower extremities. In a substantial number significant narrowing of the lumen of the aorta or of one or more important branch arteries, such as the innominate or common iliac, was known to be present from the original arteriographic survey. In others it was clear that important branches, such as the superior mesenteric and renal arteries, had lost their connection with the main aortic pathway. Several had undergone previous myocardial infarctions. A number had diabetes. It is understandable, therefore, that not all survived operative treatment. Altogether, however, the survival rate was good.

All 15 of those with acute or subacute dissection treated by resection of the ascending aorta did well. The four hospital deaths in those treated for acute dissection all occurred in patients undergoing decending thoracic resection. Perhaps the results might have been better had certain alterations in operative technic been employed and an open system of aortic bypass been instituted in all cases permitting recovery and immediate reinfusion of blood lost during the procedure.

In one 73-year-old male with prior myocardial infarction, episodes of severe hypotension during the operation necessitated discontinuing atrial-femoral bypass and performing cardiac massage several times. He died on the third postoperative day and postmortem examination revealed massive coronary sclerosis, recent infarcts and severe, old nephrosclerosis.

One 69-year-old male developed acute tubular necrosis and died with an episode of acute myocardial infarction on the twentieth postoperative day. Examination after death demonstrated that one renal artery was completely closed by the dissection, the other 75% narrowed.

One death in a 70-year-old man occurred because the ascending aorta, which appeared normal externally, had such poor suture-holding qualities leakage about the ascending aortic-femoral bypass graft became so unmanageable that total cardiopulmonary bypass had to be instituted and the ascending aortic tear closed by a patch graft before the dissected descending thoracic aorta could be replaced.

A fourth hospital death occurred in the unusual case of a 72-year-old female whose acute dissection was superimposed upon a very large, old thoracic aneurysm. Though the dissection began distal to the origin of the subclavian, there was a huge mass of the old aneurysm underlying the arch and compressing the hilum of the lung. Separating the aneurysm from the pulmonary artery resulted in tearing the latter and the necessity of a pneumonectomy in addition to aortic resection and grafting. This long procedure was followed by renal failure and, during necessary dialysis on the sixth postoperative day, death occurred during a hypotensive episode. How this event might have been avoided is not clear. Perhaps freeing the cephalad aspect of the arch between the subclavian and carotid and application of a large clamp across the proximal aneur-

ysm and the attached pulmonary segment might have permitted identification of the true aortic lumen from within and the intrasaccular interpolation of a graft. These four patients who died in the hospital varied in age from 69 to 73 and averaged 71 years.

Of the 30 operations performed for acute or subacute dissection, the hospital survival rate was 87%.

Additional Operative Procedures

In several cases severe ischemia of one or both lower extremities necessitated Fogarty catheter manipulation and thrombectomy at the time of the original operation. The results were altogether good and no limbs were lost, though one patient has some residual ischemic nerve damage and uses a foot-drop brace and another has some hypesthesia of one foot.

One 60-year-old-man had to be readmitted to the hospital a month after his original operation and undergo a vagotomy and pyloroplasty for massive bleeding from a duodenal ulcer. He later had to have a transurethral resection for prostatic hypertrophy.

Five patients required subsequent cardiovascular operative procedures. One was not related to her original disease or its treatment. This very ill 54-year-old patient* who withstood well her ascending aortic resection and valve suspension has recently recovered from an open repair of a previously unrecognized atrial septal defect which, two and a half years after her original heart surgery, had resulted in the most profound heart failure.

One 42-year-old patient with a chronic aneurysm associated with massive aortic insufficiency and left ventricular failure had a ball valve prosthesis inserted in 1967. Because of cerebrovascular emboli, this valve was replaced with a fascia lata valve three and a half years later.

Two patients had to return for aortic-iliac reconstruction because of severe intermittent claudication consequent to obstruction from the original dissection. One 32-year-old man operated upon two months after the original procedure has good restoration of pulsatile blood flow. The other, a 57-year-old male, had marked improvement in circulation from his reconstructive procedure performed six months after the original operation but still has intermittent claudication. Tragically enough, one patient died as the consequence of a necessary second operation. This 38-year-old female had had an excellent result from ascending aortic resection and grafting and valve resuspension. A little less than a year later it was necessary to excise a rapidly expanding, painful aneurysm involving the arch. Though the operation seemed to proceed satisfactorily, hemostasis was never achieved, presumably because of a peculiar intravascular coagulopathy.

Altogether, therefore, survival followed in 35 of the 41 primary and necessary secondary related cardiovascular procedures carried out (85%).

Deaths After Discharge from the Hospital

Acute Dissection

Of the 13 patients who survived treatment for ascending aortic wall disruption, two died subsequently. One 70-year-old man known to have a pre-existing large arteriosclerotic abdominal aortic aneurysm died at home from its rupture four months after his mediastinal procedure and only a few days before his planned readmission for its resection. The only other death was that of a 38-year-old female who did not live through the previously mentioned required second operation for replacement of a rapidly expanding arch aneurysm.

One of the eight patients discharged from the hospital following resection of the descending thoracic aorta died at home six weeks later apparently of chronic lung disease. He had a long history of cough and dyspnea preceding the removal of an abdominal aortic aneurysm in early February and these very annoying symptoms were present when he was discharged following his thoracic aortic resection in May. He died at home, presumably of the continuing pulmonary difficulty, six weeks later. A second patient was last heard from three years after his operation when he was undergoing psychiatric treatment. It is known that he has subsequently expired, but the date and the cause of death cannot be learned.

Though all three patients in whom it was impossible to localize preoperatively the site of aortic tear survived the procedure carried out and left the hospital in satisfactory condition, two subsequently died. A 59-year-old male patient who had undergone ascending aortic resection and graft replacement and evacuation of the hemopericardium died suddenly at home a little more than a month later of massive gastrointestinal hemorrhage. No postmortem study was carried out. The only other patient who had a similar episode of massive gastrointestinal hemorrhage following discharge was returned to the hospital and treated successfully for a bleeding duodenal ulcer by vagotomy and pyloroplasty. The other death occurred in the patient whose operation consisted of resection of the descending thoracic aorta in whom it was evident at that time that the tear must have occurred in the ascending aortic segment. She made a good recovery and seemed well when she left the hospital but died not long afterwards of frank rupture of the ascending aorta.

Chronic Aneurysms

The single case of chronic aneurysm of the descending thoracic aorta was doing well when last seen, but has been lost to follow-up. Of the five patients who left the hospital following valve replacement and treatment of aneurysms of the ascending aorta, three have remained well. One 68-year-old woman treated in 1964, however, began to have cerebral emboli three and a half years later and undoubtedly should have had the valve replaced.

*All ages referred to here and later are ages at the time of the original operation.

She died of a "stroke" six years after the original procedure. The 42-year-old patient who was originally treated in 1967 with insertion of a ball valve prosthesis and who had to be reoperated upon three years later because of cerebrovascular embolism died at home eight months after the second operation. Death was due to severe degenerative changes in the fascia lata valve associated with a large perforation of one of the cusps.

Thus it is known that eight of the patients who survived the 37 primary operations have died subsequent to their discharge from the hospital. The cause of death in one patient who was having serious psychiatric problems when last heard from some three years after operation is not known. In three instances death very likely was not related to the primary disease or its treatment. One elderly man was known to have a large arteriosclerotic abdominal aortic aneurysm at the time of his original operation and it was planned that he should return some months later on for resection of the abdominal aneurysm. Unfortunately, it ruptured and caused his death at home just prior to this scheduled time for readmission. The death of one man at home seemed related to his severe chronic lung disease. In another instance, death at home from sudden massive gastrointestinal bleeding very likely resulted from gastric or duodenal ulceration.

In four patients later deaths, all of which have been mentioned before, were definitely related either to the primary disease or to its treatment. The woman in whom it had not been possible to localize the site of tear angiographically and who had inadvisedly undergone resection of the descending thoracic aorta when the tear undoubtedly had occurred in the ascending aortic area died later from rupture of the ascending aorta. Another woman died during operative removal of a rapidly expanding, painful aneurysm involving the arch and descending thoracic aorta a little less than a year after a successful replacement of the ascending aorta with aortic valve resuspension. The other two deaths were the consequence of prosthetic valve faults. The elderly woman who died of a "stroke" six years after operation might possibly have survived had her valve been replaced by another when she began to have cerebrovascular embolism. The other man did have a valve replacement procedure when he began to have cerebrovascular emboli and three and a half years after placement of his ball valve prosthesis. Unfortunately, the fascia lata valve used at the second operation degenerated rapidly, developed a large perforation and brought about his death.

Follow-up Studies

It has been possible to follow up most of the remaining patients. One of those treated for a tear in the ascending aorta was well when last seen two years following operation, but cannot now be located. The others ranging in age from 24 to 66 and averaging 45 are quite well from two months to six and a half years postoperative (average three years).

Two of those whose tear occurred just distal to the site of origin of the left subclavian and who underwent resection and graft replacement were well when last examined one and three years after operation but are now lost to follow-up. The others, ranging in age from 37 to 61 and averaging 54, have had no further difficulty from their disease over periods varying from one to ten years (average 4.4).

The elderly man with the tear in his aortic arch is well six months after his operation but is bothered by a scotoma in one eye.

The surviving patient in whom it was impossible to localize correctly the site of aortic disruption before operation and who had a resection of the ascending aorta when his tear actually occurred more distally was doing well when last examined nearly three years after operation but was then lost to follow-up. The surviving patient who had acute dissection superimposed upon an old, chronic aneurysm is doing well a year after his initial treatment despite the necessity for two subsequent operations, one for massive gastrointestinal bleeding from an ulcer, the other a resection for prostatic hypertrophy. The single patient with a chronic aneurysm of the descending thoracic aorta was well two years later but is now lost to follow-up. The four who have survived resection of chronic aneurysms of the ascending aorta whose ages at the time of treatment varied from 42 to 57 and averaged 51 years are doing well one half to three years after operation.

It is rather gratifying that no further catastrophe from their basic disease or its necessary operative treatment has occurred in those patients who are living and those few who were alive when lost to follow-up. They are not all entirely well. Quite a few are elderly and, disappointingly enough, a number are still moderately or severely hypertensive despite efforts on the part of their physicians to treat them. One with bilateral cystic disease of the kidneys had a blood pressure of 220/115 when recently seen. One patient has a scotoma which bothers him considerably, one some hypesthesia of the foot in a limb which was entirely ischemic at the time of his original treatment, another wears a foot-drop brace and another has rather severe intermittent claudication. Altogether, however, they have done better than one might have expected them to.

Aortic Valve Replacement

There has been considerable disagreement among surgeons regarding the necessity for aortic valve replacement in cases of acute and subacute dissection associated with the sudden onset of aortic insufficiency. In 12 of the 15 patients whose operation was upon the ascending aorta, there was clearly evident acute aortic insufficiency at the time of treatment. The magnitude of the insufficiency varied. In a very few it was obviously mild, there being present a clear-cut

aortic diastolic murmur but few evidences of significant hemodynamic consequences. In some the insufficiency was extreme. As an example, one of the patients in profound cardiac failure had such an overactive heart that each beat literally shook his body. His systolic pressure was 230 and the diastolic pressure was judged by several observers to be in the neighborhood of 10 mm Hg. All 11 of these patients were found to have aortic valve leaflets which were normal in appearance. The leaflets were flail because the dissection involved a split in the aortic wall at the site of one, two or all three commissures. In each instance the valve was easily and securely resuspended by careful approximation of the split aortic wall in such a way as to reattach the commissure snugly to the reunited wall.

The results have been most gratifying. One patient had a faint aortic diastolic murmur at the time of her discharge from the hospital but this murmur has not been heard since over a period of years of observation. Another patient had a mild aortic diastolic murmur which was audible for several years. He has been recently examined and the murmur cannot now be heard at all. A single patient who was last seen two years following his operation had a very faint aortic diastolic murmur at that time but no evidences of significant hemodynamic insufficiency. His blood pressure was 140/85.

In marked contrast is the necessity for valve replacement in those patients who have chronic aneurysms involving the ascending aorta and the aortic annulus. In all six of our patients there was wide open aortic insufficiency and severe left ventricular failure at the time of operation. In each, the aortic annulus was enormously dilated. This seemed to be the primary cause of the insufficiency, though in some instances there were visible changes in the leaflets as well. There would appear to be no way in which valve substitution can be avoided in these cases.

Suggestions Concerning Operative Treatment

Though the operative treatment of acute, subacute and chronic aneurysms due to cystic medial necrosis seems altogether to be relatively satisfactory, there are some definite problems. The principal one relates to the decision as to where to operate when careful angiographic studies fail to disclose the site of the tear. This tragic situation has occurred in our experience and in the experience of my colleagues in a small number of patients both with forward and with retrograde aortographic study. Fortunately, in the vast majority one can tell pretty clearly where the tear in the aortic wall occurs. When this is not the case, the dilemma is great indeed. As has been pointed out, this review includes three such cases. All had a hemopericardium and one had a murmur of aortic insufficiency. In two of the three the operation was directed at the ascending aorta and no tear was present in this area, obviously the dissection having begun more distally and having proceeded in a retrograde manner. In the third, the descending thoracic aorta was resected and there was no tear in the segment removed, including the usual site just beyond the origin of the left subclavian. Since she died after discharge from the hospital of rupture of the ascending aorta, it is pretty obvious that her split had occurred in the supravalvular region. The answer to this problem obviously lies in the development of some new technic or improvement in current technics so that one can always be sure of the site of aortic wall disruption. Until such a time, treatment of these cases must remain in a rather unsatisfactory state. My current feeling is that if there is evidence that the dissection involves the ascending aorta and especially if there is present a murmur of aortic insufficiency or evidence of a hemopericardium, one should proceed with a median sternotomy and ascending aortic resection and replacement. This does permit one to remove the blood from the pericardium, suspend any flail valve present and close off the proximal dissection by reuniting the split layers of the aortic wall. Unfortunately, after insertion of the graft, one is still left with a tear in the aortic wall somewhere distal to the site of operative manipulation. In contrast, if one has a tear in the supravalvular area and by mistake resects the descending thoracic aorta, he can do nothing of value except put in a graft, close off any existent false passage at the distal end and perform a fenestration procedure proximally. The one patient in this series treated in this manner died after leaving the hospital of rupture of the ascending aorta.

Another important problem relates to the best method of bypassing the descending thoracic aorta. When the operation necessitates ascending aortic resection, there is no problem, for total cardiopulmonary bypass is required and works well (Figure 1). Many surgeons have found closed pump atrial-to-femoral or iliac artery bypass altogether satisfactory and, in general, it has proved so in our own hands. Unfortunately, however, this has not always been the case. It is possible to have difficulties in inserting a tube of adequate size if the atrial appendage is very small. In an occasional patient it seems impossible to obtain adequate flow despite readjustment of the position of the intra-atrial catheter. The patient must necessarily be heparinized and often this results in considerable blood loss during the operative manipulation. With the closed system, this blood is lost and must be dealt with by ordinary transfusion. No matter how carefully such blood replacement treatment is carried out, I have the impression that these sick and elderly patients do not withstand well even transient periods of hypovolemia. I had entertained the hope that direct aortic to femoral or iliac bypass without heparinization might prove a superior method and had utilized successfully a graft between the aortic arch and the femoral in one patient in whom the atrial appendage was excessively

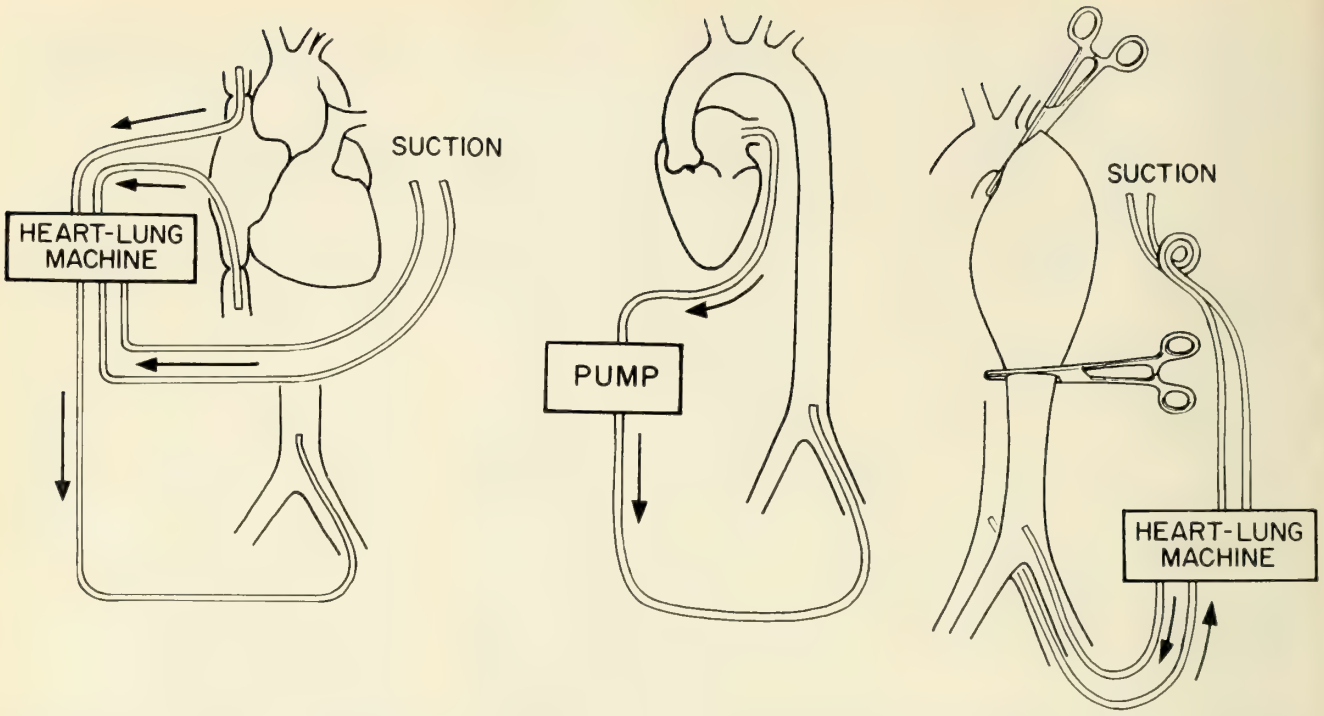


Figure 1. Schematic drawings of total cardiopulmonary bypass (left), left-atrial-femoral pump-motivated bypass (center), and femoral-femoral or iliac-iliac partial cardiopulmonary bypass (right).

small. In one of the more recent cases included in this review, however, involving the insertion of a graft between the ascending aorta and one external iliac (also an instance in which the atrial appendage was extremely small), removal of the partial exclusion aortic clamp and opening the shunt was associated with excessive bleeding from the aorta. Each attempt to bring it under control with additional sutures seemed only to make the matter worse. There was no alternative but to reapply the partial exclusion clamp, establish the patient upon total cardiopulmonary bypass, repair the damaged ascending aorta with a patch graft and then proceed with the resection and grafting of the descending thoracic aorta. This long operation was followed by renal damage and death later during dialysis. It convinced me that one cannot assess the suture-holding capacity of the apparently uninvolved proximal aorta well enough from its external appearance to justify use of this method.

Recently, for cases of acute dissecting aneurysms and others necessitating bypass of the descending thoracic aorta, I have been employing with much more satisfaction femoral-to-femoral or iliac-to-iliac partial bypass employing a small heart-lung machine. This method has the advantage of permitting one to recover and reinfuse immediately any blood that is lost as the operation goes along.

For years I have used a strip of teflon felt on the outside of the aorta in order to buttress sutures whenever this method seemed to make approximation of the split aortic wall more secure. Gradually I have come to adopt the policy of doing this invariably. This involves closure of the split aorta at both ends in resecting the ascending aorta, and at the distal end in descending thoracic aortic resection whenever the dissection extends beyond the area of aorta removed, a feature which has been true in all our cases save one.

After resecting the ascending aortic aneurysm, a graft of appropriate size is selected (Figure 2). It is invariably smaller in diameter than is the aorta in the immediate supravalvular area. The cuff of the aorta is marked at opposite sides into segments of approximately equal length. One begins the closure of the posterior half and the strip of teflon gauze on the outside is marked in such a way so that while bringing the two layers of the aortic wall and the felt together, one can at the same time constrict the aortic size so that it more nearly approximates that of the graft. A continuous mattress suture is utilized and is carefully passed from the teflon felt on the outside through the two layers of the aortic wall, back again through them, and through the teflon felt on the exterior. Continued in this way, the split layers can be carefully brought together. One uses special precautions in the region of the flail aortic valve commissures. It is my habit to perfuse the left coronary artery with cold oxygenated blood during the operation as well as to place ice slush in the pericardial sac. The perfusion catheter is left in place during the closure of the split wall and its attachment to the external ring of teflon felt as well as its approximation to the

posterior half or two-thirds of the graft. The distal end of the split aorta is handled in the same manner and after the graft is attached here, the perfusion catheter is removed and the proximal graft aortic wall anastomosis completed. As one attaches the woven dacron graft to the aorta, the suture passes from the graft to the interior of the aorta and outside through the felt ring. This tends to buttress the closure of the previously separated aortic wall layers together as the graft is put in place with the graft on one side and the teflon felt on the other.

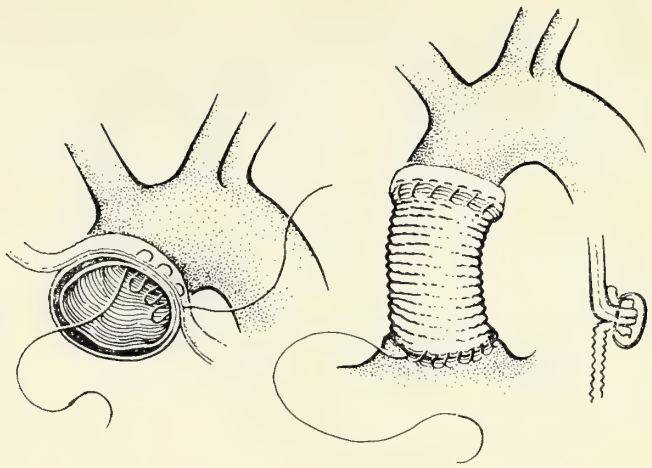


Figure 2. Drawings illustrating method of repairing split aortic wall.

Summary

Personal experiences with the management of acute thoracic aortic dissecting aneurysms and chronic aneurysms of the thoracic aorta due to cystic medial necrosis over a period of a little more than 10 years have been reviewed. They lead the author to the belief that operative treatment is preferable to medical and is generally satisfactory. Eighty-seven percent of the primary operations were followed by survival and discharge of the patient from the hospital. Subsequently, four additional related cardiovascular procedures were necessary because of interference with good aortic-iliac flow from the original dissection in two patients, cerebrovascular embolism from a prosthetic aortic valve in one case, and the development of a large, painful arch aneurysm in a patient having had resection of the ascending aorta. The survival rate of the 41 primary and secondary operations was 85%. A number of patients have subsequently died since discharge from the hospital. Two deaths were the consequence of the imperfections of the currently available prosthetic aortic valves. Two others were related to the primary disease or a necessary secondary operation. Three others probably were not related to the primary disease or its operative treatment. In general, the surviving patients have done well during periods of follow-up of up to 10 years.

Addendum (Sept. 10, 1974)

Since this paper was submitted for publication, I have, with my associate, Dr. John H. Isch, operated upon five additional patients at St. Vincent Hospital. Two had acute thoracic dissection, one a 46-year-old male with a supravalvular tear, the other a 75-year-old female with an aortic tear just beyond the origin of the left subclavian. Three patients, one male, two female, aged 45, 51 and 63 years, with chronic Marfan's type aneurysms of the ascending aorta associated with severe aortic insufficiency and heart failure were treated by resection of the aneurysm, insertion of a Bjork-Shiley valve and an aortic graft. All five survived and left the hospital in good condition.

One of the patients previously mentioned as having required a vagotomy and pyloroplasty for bleeding ulcer sometime after resection of his descending thoracic aorta and still later a prostatectomy underwent successfully a year and a half after the original operation an excision and grafting procedure for an abdominal aortic aneurysm which had developed in the persistent false lumen. He did well.

The recently treated 75-year-old lady who withstood well the resection of her descending thoracic aorta for acute dissection developed a second entirely separate dissection just immediately proximal to the point of origin of the innominate artery six weeks after operation, with immediate development of hemiparesis. She expired two days afterwards of proximal extension and hemopericardium. The original graft was found to be in good condition at postmortem examination. This is only the second instance I have observed in which a second aortic tear has occurred. The other, mentioned before, underwent a successful resection and grafting operation for the subsequent dissection which involved the distal part of the descending thoracic aorta.

One of the patients treated by excision and grafting for acute ascending aortic dissection without aortic insufficiency in 1968 has recently developed diffuse widespread enlargement of the entire thoracic aorta beginning in the region of the sinuses of Valsalva and including a radiodensity about the area of the intact and widely patent ascending aortic graft. He has mild auscultatory asymptomatic aortic insufficiency of recent onset.

Taking into consideration the additional cases, 87.5% of 32 patients operated upon for acute dissection left the hospital in good condition and 90% of 10 operated upon for chronic aneurysm. All but one of the six patients who subsequently required cardiovascular operations, (five of which were related to the original disease or its treatment) survived. Thus, the overall survival rate for primary and later cardiovascular operations was 87.5%.

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Eight patients with angina pectoris and ischemic electrocardiograms who were found to have normal coronary arteriograms are reviewed. The exact nature of this disorder is unknown. Possible explanations include abnormal hemoglobin-oxygen dissociation, anaerobic myocardial metabolism, small vessel disease, intrinsic disease of the myocardium and functional spasm of the coronary arteries. Since this is a benign, non-progressive disorder, as shown by long-term follow up studies, it behooves physicians to become aware of the existence of this entity because its natural history and treatment differ markedly from progressive atherosclerotic coronary artery disease.

Angina Pectoris with Normal Coronary Arteriograms

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Introduction

PRIOR to the advent of selective coronary arteriograms, confirmation of coronary artery disease (CAD) rested solely on surgical exploration or autopsy. Patients with angina pectoris were considered to have CAD on clinical grounds alone. With the more widespread use of selective coronary arteriograms, there have been an increasing number of patients with angina pectoris but no angiographic evidence for CAD.

It is the purpose of this paper to describe eight patients with angina pectoris and ischemic electrocardiograms who were found to have normal coronary arteriograms. It behooves physicians to be aware of this entity since its natural history and treatment differ markedly from progressive atherosclerotic coronary artery disease (CAD).

Materials

All patients had complete history and physical examinations. Laboratory work and investigations included CBC, urinalysis, chem. 12 survey, VDRL, two-hour postprandial blood sugar, fasting triglycerides, an upper GI series, cholecystogram, x-rays of chest and cervical spine and electrocardiograms at rest, during forced hyperventilation, and during exercise treadmill testing. Cardiac catheterization was done by the percutaneous femoral (Judkins) technic. Pressures in the left ventricle and ascending aorta were measured. A left ventriculogram and ascending aortogram were done and blood samples were taken from ascending aorta for blood gas analysis. Cines of right and left coronary arteries were taken in multiple right and left anterior oblique projections.

Results

Clinical and laboratory findings are summarized in Table 1. There were eight patients. Three (37.5%) were male and 5 (62.5%) were female. The average age of the patients was 45.4 years, the youngest being 40 and the oldest being 58 years. Four (50%) of the patients had typical angina pectoris and the other four had atypical angina according to the criteria outlined by Hurst and Logue.[1] The average duration of their symptoms was 2.1 years. Three (37.5%) of the patients were previously hospitalized for "myocardial infarction." Four of the five female patients were still menstruating. Only one (12.5%) patient was a smoker. None of the patents was taking digitalis. Most of them had shown a good response to sublingual nitroglycerin and/or isosorbide dinitrate in the past. None of the patients had murmurs, hypertension, anemia, reactive VDRL or echocardiographic and/or angiographic evidence for prolapse of the mitral valve leaflets.

All had normal cholesterol determinations but fasting triglycerides were undoubtedly high in four patients (50%) and borderline high in two. Five of these six patients were 10-15% above their normal weights for height and build, while three (37.5%) also had abnormal two-hour postprandial blood sugars. Upper GI and gall bladder series were normal in all patients. X-rays of cervical spine showed minimal degenerative changes in four patients but there was no significant narrowing of the neural foramina. All x-rays of the chest showed a normal-sized cardiac silhouette without emphysematous or infiltra-

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TABLE 1 — CLINICAL AND LABORATORY DATA

PATIENT	AGE	SEX	DESCRIPTION OF ANGINA		FASTING CHOLESTEROL	FASTING TRIGLYCERIDES	2HPPBS	ELECTROCARDIOGRAM Resting	Exercise
S.C.	40	M	T	—	N	Abn	N	Abn	Pos
B.C.	42	F	—	Aty	N	Abn	Abn	Abn	Neg
R.D.	58	M	T	—	N	B	Abn	N	Pos
L.H.	51	F	—	Aty	N	N	N	N	Pos
D.S.	41	M	—	Aty	N	Abn	Abn	Abn	Neg
E.P.	44	F	T	—	N	Abn	N	Abn	N.D.
M.W.	40	F	T	—	N	B	N	N	Pos
G.R.	47	F	—	Aty	N	N	N	N	Pos

T = Typical
Aty = Atypical
N = Normal
Abn = Abnormal
B = Borderline Normal
Pos = Positive
Neg = Negative
N.D. = Not Done
2HPPBS = Two-hour postprandial blood sugar

tive changes in the lungs. The resting electrocardiograms of four patients (50%) showed ischemic changes (ST segment depression and T-wave inversion) in the absence of digitalis, electrolyte imbalance, etc. The other four had normal electrocardiograms. No one had pathologic Q-waves or left axis deviation. Forced hyperventilation did not change the ST or T waves in the resting electrocardiograms. Seven of the eight patients went through graded exercise treadmill testing and five (62.5%) showed a positive test during the early stages. The test was considered positive when there was greater than 1 mm horizontal ST segment depression. All patients developed chest discomfort with or without shortness of breath during the test which responded promptly to sublingual nitroglycerin. No patient showed ST segment elevation during rest or exercise. Exercise electrocardiography was not done in one patient because of diffuse ischemic changes found on her resting electrocardiogram.

Risk Factors for Coronary Artery Disease

None of these patients had hypertension while four (50%) had strong family history of hypertension or heart disease. Five patients (62.5%) were 10-15% above their normal weight for height and build. Four (50%) of these patients had high fasting triglycerides with normal fasting cholesterol levels. All patients had normal fasting blood sugar but three patients (37.5%) were found to have abnormal two-hour postprandial blood sugar. Two patients (25%) gave history of hyperuricemia in the past while uric acid was normal in all the patients including these two. Only one patient was a smoker. Of five female patients, one was post-menopausal while the other four were still having regular menstrual periods. None of the patients had symptoms or clinical findings suggestive of rheumatoid arthritis, lupus erythematosus, scleroderma or thyroid dysfunction.

Cardiac Catheterization Data

The catheterization data are summarized in Table 2. All of the left

TABLE 2—CATHETERIZATION DATA

PATIENT	L.V.E.D.P. mm Hg.	(L) VENTRICULOGRAM	ARTERIAL O_2 SATURATION	CORONARY ARTERIOGRAMS
S.C.	12	N	94%	N
B.C.	9	N	88%	N
R.D.	10	N	93%	N
L.H.	10	N	97%	N
D.S.	8	N	92%	N
E.P.	4	N	95%	N
M.W.	10	N	97%	N
G.R.	9	N	94%	N

L.V.E.D.P. = Left ventricular end-diastolic pressure
N = Normal

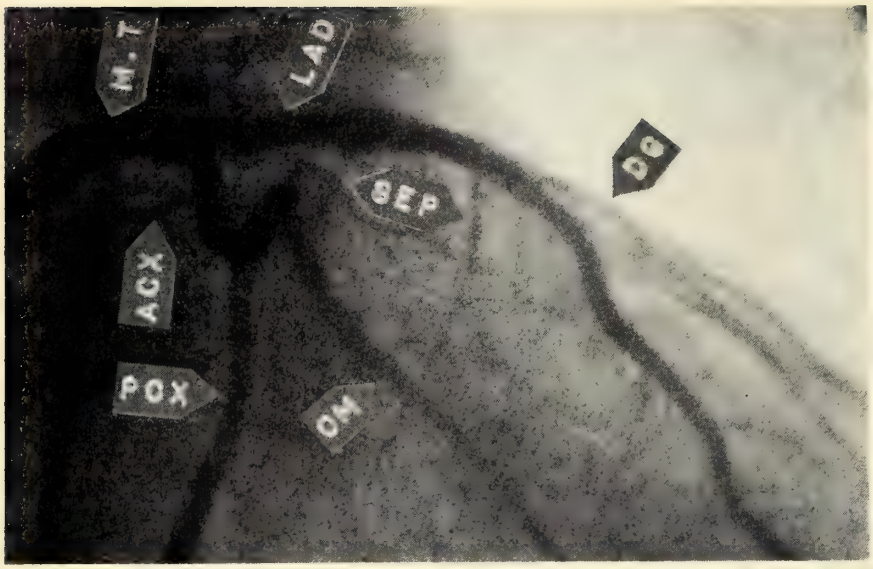


Figure 1: Normal left coronary artery in the right anterior oblique position.

Abbreviations: MT = main trunk
LAD = left anterior descending
DG = diagonal branch
SEP = septal branch
PCX = posterior circumflex branch
OM = obtuse marginal branch
ACX = atrial circumflex branch

ventricular end-diastolic pressures were normal. All left ventriculograms showed good myocardial contractility without any outflow obstruction, shunts, dyskinesia, akinesia, mitral regurgitation or evidence for prolapse of the mitral valve leaflets. There was no measurable pressure gradient across the aortic valve nor was aortic regurgitation seen in any of the patients. The average arterial oxygen saturation was 93.7% in blood samples taken from the ascending aorta. Selective coronary cine arteriograms of all patients showed grossly patent right and left coronary arteries without any visible lesions. There was no collateral circulation. Three of the patients (37.5%) did develop chest discomfort during the procedure but spasm of the coronary arteries was not seen. Normal right and left coronary arteriograms of a patient (B.C.) are shown in Figure 1 and 2.

Discussion

Not many years ago, chest discomfort associated with ischemic electrocardiographic changes was thought to be conclusive evidence for significant atherosclerotic coronary artery disease. Since the advent of cineangiography of the coronary arteries, several investigators[2,3,4,15] have reported patients in whom angina pectoris with ischemic electrocardiographic changes was present but whose coronary arteriograms were found to be normal.

In 1910, Osler[5] first suggested this discrepancy when he described a patient with recurrent angina pectoris who had normal coronary arteries at necropsy.

Eliot et al.[6] studied 15 premenopausal women with normal coronary arteriograms and reported that 14 of these women had abnormal hemoglobin-oxygen dissociation with possible inefficient or slow release of oxygen from the hemoglobin. During forced hyperventilation in the study group they were able to reproduce significant ST segment depression in six out of eight patients. Three of the women died later with single or multiple subendocardial infarcts. None of the patients was found to have disease of the small or large coronary arteries.

In their case report of a 48-year-old female patient, Neill et al.[7] demonstrated that myocardial hypoxia and anaerobic metabolism, as shown by an increase in the coronary venous lactate-pyruvate concentration ratio and drop in the oxygen tension, could account for the patient's chest pain, even though the

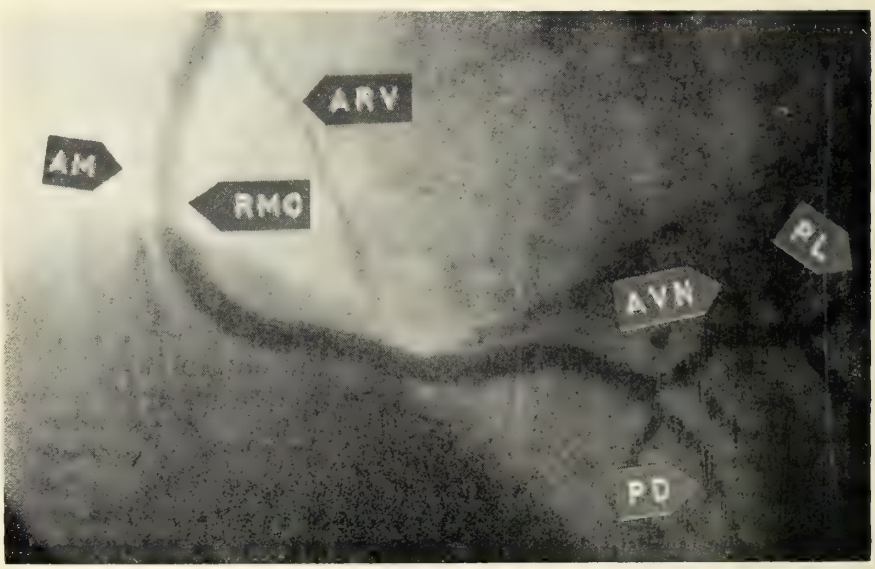


Figure 2: Normal right coronary artery in the left anterior oblique position.

Abbreviations: RMC = right main coronary
ARV = anterior right ventricular branch
AM = acute marginal branch
AVN = atrio-ventricular nodal branch
PL = posterior-lateral branches
PD = posterior descending branch

patient never had chest pain during the procedure. In a later study, these same investigators[4] reported that their previous explanation was not tenable. They proved that 10 out of 11 patients, in this study group, had no abnormality of hemoglobin-oxygen dissociation.

Kemp et al.[8] reported on 50 patients of a similar nature who had normal coronary arteriograms. Abnormal electrocardiographic ischemic changes or abnormal changes of myocardial lactate metabolism, or both, were present in 30% of the group tested.

James,[9,10] suggested small vessel disease of coronary arteries but there isn't enough evidence to support this allegation. Intrinsic disease of myocardium[11] has been suggested as another possible explanation but sufficient evidence is still lacking.

Some investigators[12] have reported strikingly slow flow rates of the angiographic dye through the major coronary vessels in six patients with angina pectoris and normal coronary arteriograms. The use of isosorbide dinitrate did not affect the caliber of vessels or the velocity of flow. No functional spasm of the coronary arteries was demonstrable. They hypothesized small vessel disease or transient luminal narrowing[13] resulting in slow flow of the dye.

Recently, Bemiller and co-workers[14] have reported a case of variant angina in which they documented an intermittent, spontaneous spasm of right coronary artery resulting in atypical angina pectoris and ST segment elevation which corresponded to the areas of myocardium supplied by the branch in spasm. The spasm was seen at different points each time and was not related to introduction or withdrawal of the catheter. Spontaneous spasm of coronary arteries may well be responsible for the angina pectoris and ischemic electrocardiographic changes in patients with normal coronary arteriograms. None of our eight patients showed ST segment elevation or spasm in their coronary arteries during selective coronary arteriography. However, it appears intriguing to postulate spasm as a possible mechanism to explain the syndrome of angina pectoris in patients with ischemic electrocardiograms and normal coronary arteriograms.

Most investigators[11,14,15] believe that this syndrome is a benign, nonprogressive disorder. It appears to differ markedly from atherosclerotic coronary artery disease (CAD), which is a progressive disorder and has a high incidence of morbidity and mortality.

In conclusion, the exact nature of the disorder comprising angina pectoris, ischemic electrocardiographic changes and normal coronary arteriograms remains obscure. Possible explanations include abnormal hemoglobin-oxygen dissociation, anaerobic myocardial metabolism, myocardial metabolism, small vessel disease, intrinsic disease of the myocardium and functional spasm of the coronary arteries. This is a benign, non-progressive disorder, as shown by long-term follow-up studies. Reassurance as to the relative benignancy of this disorder, avoidance of activity which produced angina pectoris and a trial of propranolol[14] appear the treatment of choice at the present time.

TABLE 3 — RISK FACTORS FOR CAD

PATIENT	OBESITY	ABNORMAL TRIGLYCERIDE	ABNORMAL CHOLESTEROL	ABNORMAL 2HPPBS	FAMILY HISTORY OF DIABETES MELLITUS	HYPERTENSION	FAMILY HISTORY OF HYPERTENSION OR HEART DISEASE	HISTORY OF HYPERURICEMIA	SMOKING	POST-MENOPAUSAL
S.C.	+	+	−	−	−	−	−	−	−	N.A.
B.C.	+	+	−	+	−	−	+	+	−	−
R.D.	+	−	−	+	+	−	−	+	−	N.A.
L.H.	−	−	−	−	−	−	+	−	−	+
D.S.	+	+	−	+	−	−	−	−	−	N.A.
E.P.	−	+	−	−	−	−	+	−	−	−
M.W.	+	−	−	−	+	−	+	−	+	−
G.R.	−	−	−	−	−	−	−	−	−	−

+ = Postive or present
− = Negative or absent
N.A. = Not applicable

Acknowledgement

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When **impotence** *due to*

androgenic deficiency



DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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ELECTROCARDIOGRAM OF THE MONTH

Atrial Fibrillation

JOHN C. BAILEY, M.D.
Indianapolis

ATRIAL fibrillation is a common arrhythmia that usually indicates the presence of organic heart disease, the most frequent being rheumatic mitral valvular, hypertensive, ischemic or thyrotoxic. Rarely, this arrhythmia occurs in the apparent absence of heart disease. The electrocardiographic features of atrial fibrillation include (1) fibrillatory (f) waves of rapid and chaotic atrial activity, and (2) an irregularly irregular ventricular response that usually is rapid but may be fairly slow. The average ventricular rate is determined by the relative numbers of atrial impulses that succeed in traversing the atrioventricular junction to engage the ventricles. One important hemodynamic consequence of atrial fibrillation is a reduced cardiac output due to the rapid ventricular rate.

Digitalis is extremely useful in the management of this arrhythmia because this drug produces a degree of "pharmacological" AV block, disallowing rapid AV transmission, thus slowing the ventricular response. The therapeutic aim is to control the irregularly irregular ventricular rate between 70-100/min. When administered in excess, however, digitalis commonly produces completely AV block, control of the ventricles being taken over by a regularly discharging subsidiary pacemaker below the site of drug-induced AV block. The physician may mistakenly believe that the patient has converted spontaneously to normal sinus rhythm. Continuation of digitalis will result in more ominous ventricular tachyarrhythmias.

The top strip of the electrocardiogram is a typical example of atrial fibrillation. The ventricular rate averages 150/min. The bottom strip was recorded several hours following intravenous "digitalization" of the patient. Atrial fibrillation persists, indicated by the undulating baseline. However, the ventricular rate is slow and regular, indicating complete AV block induced by digitalis and the presence of a slow AV junctional escape focus below the site of block. Shortly thereafter the patient developed ventricular ectopy and ventricular fibrillation.

This case illustrates two important points pertinent to the use of digitalis: (1) regularization of the ventricular response during atrial fibrillation is a sign of digitalis excess, and (2) the administration of digitalis by the intravenous route is frequently fraught with hazard and should be employed only when other routes are impractical or when immediate digitalization is mandatory (an uncommon circumstance), and then only under close monitoring of the patient's cardiac rhythm. ◄

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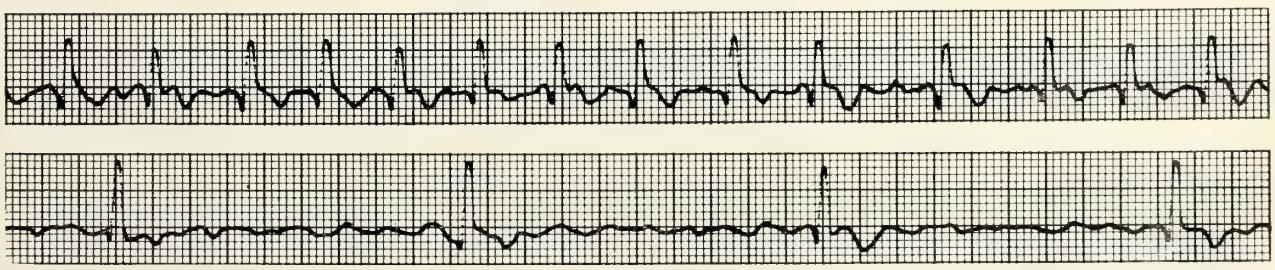


FIGURE 1

THE top strip illustrates typical atrial fibrillation. In the bottom strip atrial fibrillation persists, but there is complete AV block due to digitalis excess, and the slow, regular ventricular response is due to an AV junctional escape focus.



REPORT FROM NATIONAL TASK FORCE ON UTERINE CANCER

In response to several inquiries from physicians, the question of whether or not to recommend that an annual Pap smear be taken on those women who have had a hysterectomy was reviewed by the National Task Force on Uterine Cancer. The following recommendations were made and are the official positions of the ACS as of October 1974:

"THAT the ACS should not issue a policy statement on whether or not Pap smears should be recommended for women who have had a hysterectomy. This decision should be left to the judgment of individual physicians.

"THAT the ACS should issue a policy statement regarding the gynecologic surveillance of women at the menopause as follows:

"Because the Pap smear taken in the conventional manner is considered ineffective in detecting endometrial cancer, and because 'high risk' women need to be brought under some type of surveillance, every woman at menopause should have a pelvic examination and Pap smear and those at high risk should have an endometrial sample examined."

* * * * *

MEDICAL AUDIO-VISUAL MATERIALS FOR PROFESSIONAL EDUCATION AND FOR SERVICE AND REHABILITATION

(Motion pictures, audio tapes and filmstrips are available for free loan from the local ACS Unit. The following gives information on one motion picture.)

TITLE: *Early Cancer Detection in The Physician's Office*
Code: #3785
Date: 1974
Time: 19½ minutes
A group of physicians in community practice explore the patient-load obstacles to routine examinations and discuss methods and resources they can use to overcome difficulties. The film relates the routine physical examination to a search for signs and symptoms of what might be cancer.
As male and female examinations proceed, signs to watch for are pointed out with each organ system. The rationale for this search is given in survival rates for cancer of various body sites: survival when cancer is detected while still localized is contrasted with the much less favorable prognosis when it has already spread.

* * * * *

ACS POLICY STATEMENT ON THE SURGICAL TREATMENT OF BREAST CANCER

A current controversy over the surgical treatment of breast cancer has tended to divert attention from the importance of early diagnosis through breast self-examination, periodic physical examination of the breasts by physicians aided by newer diagnositic advances.

Pending clear proof that equally good results can be achieved by limited procedures less than mastectomy, the ACS believes that the public should not be misled into accepting less proven methods.

The policy of the ACS is the following:

1. Removal of the entire breast (most often the radical or modified radical mastectomy) is recommended for the surgical treatment of operable breast cancer.

2. Limited surgical procedures which remove less than the entire breast have not been scientifically proven to be as effective as mastectomy.

3. Recommendations for the treatment of breast cancer should be made by the physician on an individual basis only after careful evaluation aided by diagnostic studies. Such recommendations are related to the type, size, location, extent of tumor and other pertinent factors.

4. The patient and selected members of the family should be thoroughly advised by the physician about the proposed surgery and its rationale; this being the essence of informed consent.

5. The ACS is committed to rehabilitate the patient following surgery for breast cancer. The Society has developed the "Reach to Recovery" program which, at the request of physicians, sends trained volunteers who have had a mastectomy and have adjusted well to visit mastectomy patients in the hospital. This program now brings information to about one of every two women undergoing mastectomy in the U.S. The Society takes the position that most of the physical and emotional problems related to mastectomy can be offset by planned rehabilitation. This, plus every reasonable chance for cure, is the right of every woman who develops breast cancer.

6. The ACS is continuing its support of research into the causes, detection, diagnosis and treatment of breast cancer as one of its highest priorities. It is our belief and hope that the tragic toll from this disease can be prevented by early diagnosis and early treatment. We also believe that American women should be well informed about these medical matters so that they may intelligently discuss these important considerations with their physicians.

7. Finally, any patient having breast cancer or, indeed, suspecting that she may have breast cancer, should consult a physician who is knowledgeable in this field, seek his advice and rely on his judgment in the selection of treatment for her individual medical situation.

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education
Indiana Division
American Cancer Society, Inc.

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Canada and NHI

HARRY Nelson, a medical writer with the *Los Angeles Times,* in writing about national health insurance in Canada, lists the three main problems of medical care. First was the problem of paying the doctor and hospital. This was solved by universal insurance. Next was the problem of physician maldistribution. This, he says, has been solved. Now, it appears that the system is not quite right and that what is needed is to change peoples' basic attitudes about health care. Like—who is responsible for it, what it is, and how is it to be delivered?

The whole thing is incongruous. The three problems have been attacked in the wrong order. Chances are that if the last problem had been solved first, the other two would have gone away.

The Canadians are now doing their best to influence people to a new responsibility for maintaining their own good health.

Americans should study the Canadian system. Almost all the deficiencies of the American health care system are not due to the system or to deficiencies of physicians or hospitals, but, in fact, are due to failure of patients to observe the obvious rules for good health and to follow the advice of their doctors.

To quote Mr. Nelson:

Self-imposed health risks cited in the report are excessive drinking, smoking, addiction to psychoactive drugs, overeating, high-fat diets, fad diets which lead to malnutrition, lack of exercise, and even careless driving and failure to use seat belts.

Mr. Nelson would make a good doctor. He next says:

Together with the environment, these risks are said to be the principal factors in each of the five major causes of death over the age of one year: motor vehicle accidents, heart disease, all other accidents, respiratory disease and lung cancer and suicide.

Lloyd F. Detwiler, former hospital insurance commissioner for British Columbia, is quoted:

We took a great plunge and some of us would like to come back again. When we started we had no idea of the implications of national health insurance. I am saying now we made a shibboleth out of health care as a right. Too much of the Gross National Product is going into health care. We went too far. Individuals are no longer responsible for their own health care.

Another quote is interesting:

Canadian NHI has had little if any effect on controlling health care costs, which have been spiraling in Canada at a rate comparable to the United States.

Canada is beginning to limit the production of physicians. Some provinces will not license a doctor unless it needs a particular specialty. They found out that adding one doctor costs the health plan up to $200,000 a year in services he performs, including hospitalizations. The government thinks there are too many doctors.

The Munchausen Syndrome

It has been recently shown that many potted plants and cut flowers harbor gram negative bacteria, notably *Pseudomonas,* in the water or dirt into which they are placed. Thus they may represent a hazard to the patient. I found, to my discomfiture, that there is another unusual peril associated with the florist's plant.

The case involved an obese female in her mid-thirties who was hospitalized with a long history of recurrent urinary infections and a previous episode of apparent urolithiasis which lasted two months in 1968. The calculi were found to be "ammonium urates and calcium phosphate." When first seen in 1973 she had symptoms of urinary frequency, dysuria and strangury and, after various local treatment (no infection was present in the urine), cystoscopy and external urethroplasty (method of Richardson) was finally performed after three weeks of hospitalization. She seemed improved but then began to pass calcareous objects in the urine. The syndrome was reminiscent of the prior episode in 1968.

The nurses watched her pass these "stones" into the bedpan on numerous occasions. Analysis showed them to be "compatible with kidney stones" and composed of calcium phosphate. The intravenous urogram was normal as was serum calcium, phosphorus and uric acid. It was postulated that the calculi made a rapid passage from kidney to bladder and were of a size to pass relatively easily. Various

medical regimens were instituted, including thiazide diuretics, forcing oral fluids, and oral orthophosphates.

I actually began to suspect her of serious malingering one morning when I wore soft shoes and approached her room quietly—her demeanor was very relaxed and in contrast to her usual public behavior suggesting colic. The problem resolved itself into two aspects —where did she find the stones and how was she able to pass these artifacts in the urine while under observation? I discussed the case with the nurses and then sent the patient to x-ray on a pretext while the nurses conducted a minute search of her room. They found whitish, calcareous material in the base of a potted plant which matched, except for color, those passed that morning into the bedpan. She must have been inserting these objects directly into her urethra! I therefore had the plant removed and informed her that the "calculi" were to be sent for crystallographic analysis. Before the report was available she allowed herself to be discharged. The analysis showed "silica gel" without urinary crystalloids. This apparently is a common aerating substance used in potting soil. She is known locally for her singing and acting abilities in amateur theatricals but this was indeed her crowning thespian accomplishment.

This peculiar form of malingering is called, in a recent *JAMA* article and in other scientific papers,[1-6] "Munchausen's Syndrome," in honor of the German aristocratic counterpart of the North American, Paul Bunyan. Psychiatrists find that these patients are compulsive actors and the hospital is their theatre but that it is a genuine mental disease with sociopathic (as in this case), schizophrenic or hysterical origin. One author calls it "Chronic Factitious Illness."[3]

There are practical problems of some magnitude in getting proper psychiatric treatment to these cases. First, they don't accept the fact of their illness, as is true with most sociopaths. Second, if the physician has the temerity to call them on their pretense, grave questions arise regarding the insurance coverage of the hospital bill. What also of so-called unnecessary treatments and surgery? Almost all "Munchausen Syndrome" patients go relatively untreated because of these factors and are free to leave the hospital without improvement in the root cause of the disease.[2] They are then able to perpetrate their fraud with relative impunity on another doctor, another hospital.

Any bodily system could be made the site of the spurious symptomatology but the genitourinary usually gets the nod as being most efficacious for the Munchausen's confabulations. One female patient was found to be lacerating her vagina and also inoculating the urine specimen with her own feces to complete the appearance of verisimilitude.[1]

It is noteworthy that crystallographic analysis of stones should be used routinely and will assist in limiting this deception. We all have seen patients with renal colic who have no real pain except perhaps the symptoms of narcotic withdrawal and use this ruse to pursue their habit. The syndrome may be treated successfully by dissolving the spectre of unwarranted malpractice suits rather than attempting to dissolve these imaginary calculi.

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RODNEY A. MANNION, M.D.
LaPorte

Guest Editorials

'Big Business': The Universal Scapegoat

THE newsletter reads: "There's hefty opposition in Congress to anything helpful to business without helping plain people."

It's a reputable newletter and I have no doubt the report is correct. But it started me wondering, as such reports usually do. How did we fall into this trap of assuming that whatever helps business hurts "plain people," and vice versa? It's almost as though we were talking about two entirely separate worlds, rather than one and the same economy, which prospers or fails as a unit.

When business is off, people worry. When the stock market falls, people worry. When workers are laid off, people worry. You would think, then, that steps to reverse these worrisome declines would be welcome. On the contrary! Just let some businessman or politician hint that something should be done to aid business, and he immediately becomes the target of every demagogue in the land.

Dictators often find it useful to conjure up a foreign "Enemy" to distract the attention of their people from the effects of their own misgovernment. In our society, the fear of "big business" is being used in much the same way by politicians who favor more state control over the economy; that is, less economic freedom for the individual.

If you want to know which way things are really going, don't be distracted by the current profits of Exxon—or any other transitory and isolated bit of data. Instead, take a look at the big picture.

If you do that, you will find that government took 10% of the national income in 1929. Today, it takes 40%. And, if present trends continue, it will take more than half by the late 1980s.

Think business is getting favored treatment? The fact is, we tax capital more heavily than any other ma-

jor industrial nation. And capital is where it all begins: Jobs, products, inventions—prosperity.

The depressing truth, my friends, is that we are all being led straight to the slaughterhouse by shepherds who claim to be protecting us from the wolf.—**Arch Booth, president, Chamber of Commerce of the United States.**

Editorial Notes . . .

There is a widely held fallacy that there is a direct relationship between good health and medical service. One of the arguments for universal medical insurance is that "the higher a person's income, the more likely he is to have hospital and surgical coverage. The higher a person's income, the more likely he is to be healthy." Not necessarily so. Just as easy to say "The healthier a person, is the more likely he is to have a good income."

Indianapolis was probably more involved in the development of Miami Beach than any other city. An article "Early History of Medicine in Miami Beach" in a Medical History Issue of *The Journal of the Florida Medical Association* tells of the building of Allison Hospital in 1925. Carl Fisher donated land on Allison Island and James A. Allison built the building. Indianapolis also contributed the first medical staff. Dr. Scott Edwards was the first director. He imported Dr. Arthur Walters from Indianapolis to serve as head of the medical staff. And, as the article says, "With him came three promising young men also from Indianapolis, Dr. George Garceau, Dr. Frazier J. Payton and Dr. Rankin Denny. These men constituted the house staff and later became distinguished in their own fields."

"The Stinnett Texas Herald" is quoted: "What this country needs is the income of '66, the prices of '36, the taxes of '26 and the spirit of '76."

John Sargeant, executive director of the Maryland State Medical Society, advises members to be wary of discussing any possible or pending malpractice actions with unidentified persons. Mr. Sargeant has found that persons working for the opposing side have been known to call the defendant doctor and represent themselves as staff members of the defendant's insurance carrier.

The Office of Technology Assessment (OTA) through its Drug Bioequivalence Study Panel has studied the question of bioequivalence of chemically equivalent drug products since last February when Senator Kennedy, as a result of contradictory testimony before his subcommittee, asked the OTA to make a scientific study of the question and report to his committee. The panel reports 11 conclusions and recommendations. The first conclusion tells the story: "Current standards and regulatory practices do not assure bioequivalence for drug products." Another conclusion is that "present compendial standards and guidelines for current good manufacturing practice do not insure quality and uniform bioavailability," and that "not only may the products of different manufacturers vary, but the product of a single manufacturer may vary from batch to batch or may change during storage."

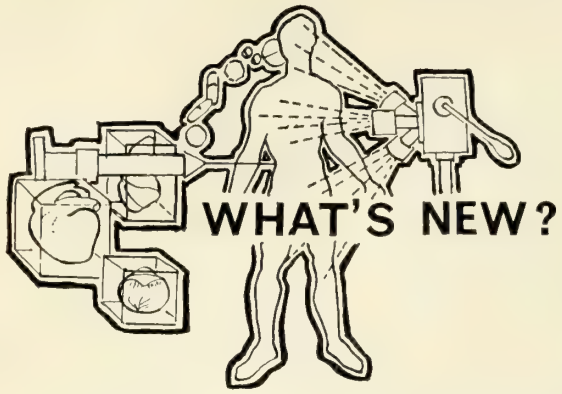
The American College of Radiology is conducting an extensive efficacy study to determine, if possible, guidelines for the performance of various radiological diagnostic procedures. If successful, the study will indicate what situations should have higher utilization of x-ray examination and what situations could be treated better and at less expense with less x-ray workup.

Miles Laboratories announces the development of an instrument for the continuous measurement of blood sugar and the automatic calculation and delivery of insulin and/or glucose to keep the blood sugar level within normal range. It is especially valuable in the care of brittle and comatose diabetic patients. The system is designed for hospital use but is considered as a precursor of a similar device which the patient may wear on his person.

The federal government is a great bunch of boys. The FDA scorns supplementary vitamins while the Food and Nutrition Board of the National Research Council says that "adding 10 vitamins and minerals to foods made of wheat, corn and rice would reduce the risk of malnutrition for large segments of the U.S. population." Of course, the FDA always says "if one eats a proper diet." Most Americans don't. Snack foods and "red pop" are more popular than food. Please pass the vitamin bottle.

Anesthetic agents, if toxic, are affecting the mortality rate of anesthesiologists. Metropolitan Life reports that physicians live longer than members of general population and that specialists have a more favorable mortality rate than nonspecialists. Anesthesiologists have a mortality rate of only 70% of that for males in general.

Pauling has done a lot for Vitamin C. Since he recommended relatively large doses in treatment and prevention of the common cold, the preventive action has been validated clinically. Also, since 1970 it has been found that Vitamin C retards deterioration of cholesterol and is essential in maintaining intracellular substance and intercellular ground substance. Man must acquire all his Vitamin C by eating and, since he can store only small amounts, he must acquire a normal supply each day. One-half gram twice daily is the usually recommended dose. To prevent peak elevations of C with wasteful excretion pharmacologists are recommending timed-release capsules to maintain a fairly uniform blood level. ◄



WHAT'S NEW?

Syntex has introduced a new oral contraceptive called Brevicon. It is a combination with a low dose of estrogen and a low dose of progestin. Each Brevicon tablet contains 0.5 mg of norethindrone and .0035 mg of ethinyl estradiol and is available in a 21-day Memorette tablet dispenser.

* * *

The Orthopedic Equipment Company of Bourbon, Indiana, has a new portable MOBILAIRE™ system which provides triple filtered clean air to reduce bacteria in the operating room. It is portable and maneuverable and can be moved to any surgery or to respiratory care units. No remodeling is required in the room.

* * *

Robins announces the introduction of Imavate® Tablets, its brand of imipramine hydrochloride, USP. It is offered for relief of symptoms of depression.

* * *

Telemed Corporation has a new electrocardiogram analysis system for facilities producing a limited number of ECGs, such as 30 per month or fewer. The economic Portable Minitransmitter ECG System controls and transmits via telephone lines from physician's office to Telemed's computer facility as the single channel trace is being recorded. Interpretation is returned within a few minutes.

* * *

Smith Kline & French announces that it has begun marketing of "SK-Pramine" (brand of imipramine hydrochloride) as part of the "SK-Line." Tablets will be available in 10 mg, 25 mg, and 50 mg sizes.

* * *

Corning Glass Works announces two electrophoresis tests which, when run in combination on patient samples obtained within six to 48 hours of a possible myocardial infarction, will verify or deny the diagnosis with better than 99% accuracy. The isoenzymes tested are creatine phosphokinase and lactate dehydrogenase.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

IMPORTANT INFORMATION: *This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.*

Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

Adverse reactions: Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

Dosage and administration: ***Lomotil is contraindicated in children less than 2 years old.*** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

Address medical inquiries to:
G. D. Searle & Co.
Medical Department, Box 5110,
Chicago, Illinois 60680

454 R

When diarrhea has his number...



Lomotil puts him back in the game.

Physicians and patients both want prompt control of the symptoms of diarrhea. A rapid, uncontrolled loss of fluids and electrolytes can cause a medical crisis, particularly in children, and in patients who are seriously ill, or in people who are badly undernourished.

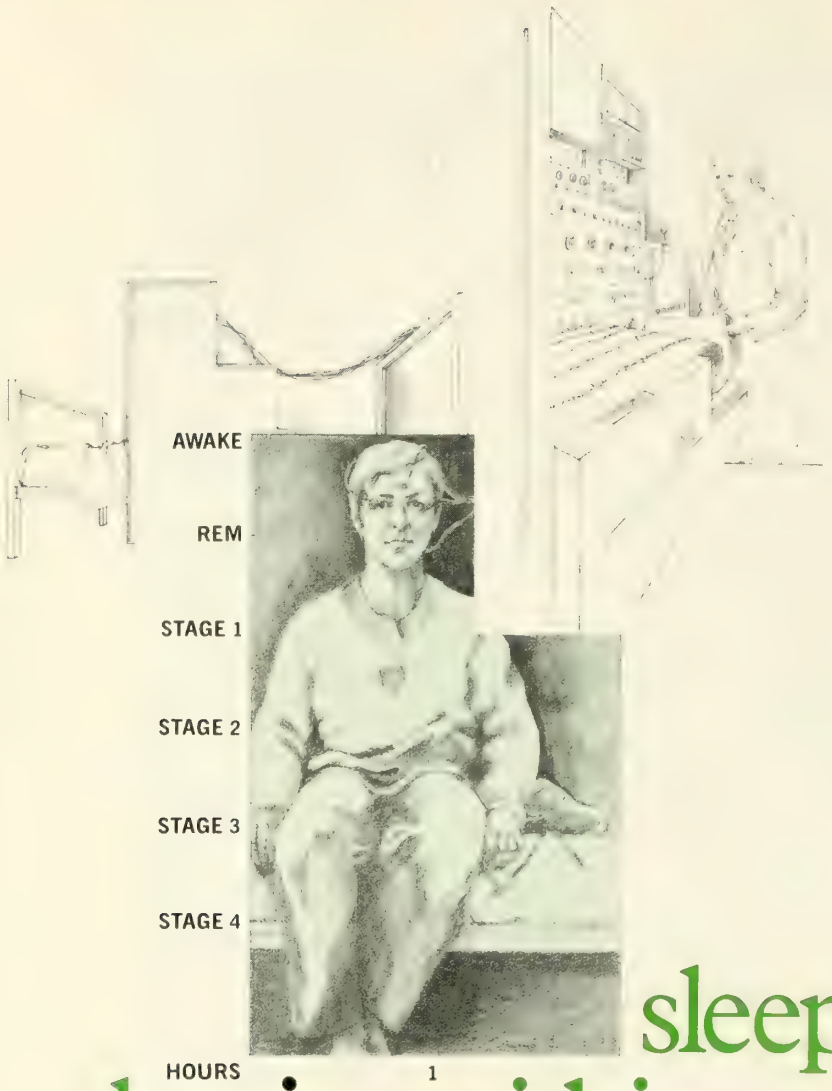
Lomotil usually stops diarrhea promptly. This rapid action halts the emergency aspect of diarrhea and is comforting and reassuring to the patient. Electrolyte and fluid losses can be corrected while the specific cause of the diarrhea is being determined. If an infective agent is the cause, appropriate antibiotic therapy should be given along with Lomotil.

Lomotil has few side effects, and those that do occur are generally mild.

Lomotil®
TABLETS/LIQUID

Each tablet and each 5 ml. of liquid contain:
diphenoxylate hydrochloride 2.5 mg.
(Warning: May be habit forming)
atropine sulfate 0.025 mg.

Usually stops diarrhea promptly.



sleep begins within 17 minutes, on average ... an initial benefit of

Dalmane®
(flurazepam HCl)

proved by a 22-night clinical study of insomnia patients in the sleep research laboratory and at home[1]

Three insomnia patients selected for difficulty falling asleep were administered Dalmane (flurazepam HCl) 30 mg for 14 consecutive nights. Placebo was given for four nights prior to and four nights after Dalmane. Physiologic tracings on Dalmane nights 1-3 showed sleep induction time averaged 13.90 minutes; on Dalmane nights 12-14, 18.80 minutes. Combined average for the 6 monitored drug nights was 16.35 minutes.[1]



confirmed by clinical studies in four geographically separated sleep research laboratories[2-5]

Using a 14-night protocol involving eight insomniac and eight normal subjects, four studies confirmed the sleep-inducing effectiveness of Dalmane (flurazepam HCl) and the reproducibility of this response. On average, one 30-mg capsule induced sleep within 17 minutes. In all these studies, Dalmane induced sleep rapidly, reduced nighttime awakenings, and provided 7 to 8 hours of sleep without repeating dosage[2-5]

Dalmane (flurazepam HCl) induces and maintains sleep, with relative safety

Dalmane is generally well tolerated; morning "hang-over" has been relatively infrequent. While dizziness, drowsiness, lightheadedness and the like have been noted most often, particularly in the elderly and debilitated, physicians should be aware of the possibility of more serious reactions, as noted below.

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

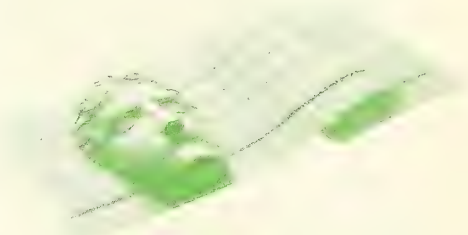
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.



when restful sleep is indicated

Dalmane®
(flurazepam HCl)

One 30-mg capsule *h.s.* — usual adult dosage
(15 mg may suffice in some patients).
One 15-mg capsule *h.s.* — initial dosage for elderly or debilitated patients.

- induces sleep within 17 minutes, on average
- reduces nighttime awakenings
- sustains sleep 7 to 8 hours, on average, without repeating dosage

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ROCHE

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

KEEP THE HYPERTENSIVE PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Just 'Dyazide' once daily or twice daily
No inconvenient potassium supplements
Nor special K^+ rich diets needed as a rule



Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

SK&F CO.
Carolina, P.R. 00630
Subsidiary of
SmithKline Corporation

TO KEEP BLOOD PRESSURE DOWN AND KEEP POTASSIUM LEVELS UP

Operation Carlos—
Move St. Vincent Hospital 10 Miles—Safely

PHILIP N. ESKEW, JR., M.D.
Carmel

IN March 1973, I was the only member of the 337th General Hospital Army Reserves on the House Staff at St. Vincent Hospital, Indianapolis. Col. Robert C. Gardner, chief of plans and training for the 123rd ARCOM (Army Reserve Command located in Indianapolis), attended the Planning and Development Committee meeting and offered the services of the Army Reserves to assist St. Vincent Hospital in the move to a new building on the north side of Indianapolis. How well I remember his words that evening when he learned that I was also in the Army Reserves: "I've got a job for you!"

On April 4, 1973, Col. E. Dale Habegger, 123rd ARCOM surgeon, called and informed me that, instead of attending my regular reserve weekend meeting, I should plan to drive to Muskegon, Mich., with Lt. Col. William T. Orth, assistant chief of plans and training, to observe the moving of Mercy Hospital by an Army Reserve unit. This was to give me on-the-site instruction as to how I could relate their move to the one planned at St. Vincent. From 7:30 a.m. to 2:30 p.m. on Saturday, April 7, 1973, using only 3 Army ambulances, 1 Army van and 2 private ambulances, members of the 394th Station Hospital at Grand Rapids, Mich., not only moved 55 patients, but also moved all the hospital equipment. Observing this move proved to be extremely beneficial to me and provided the basis for my plans for the patient move at St. Vincent.

The old St. Vincent Hospital was located at 120 Fall Creek Parkway, West Drive, and had approximately 300 beds. On March 31, 1974, 102 patients were transferred to the new 509-bed St. Vincent Hospital located at 2001 West 86th Street. The logistics of this move were really quite simple and this article will relate how the relocation was accomplished, for the benefit of any hospital contemplating such a move.

St. Vincent Hospital is under the gifted leadership of Sister Carlos McDonnell. She appointed Fred J. Snoy, assistant administrator, to be in charge of preparing the hospital for the move and of coordinating the hospital's efforts with those of the Army Reserves and North American Van Lines. Colonel Gardner was appointed the project officer for the 123rd ARCOM. He, in turn, asked the 337th General Hospital Army Reserve Unit located at Ft. Benjamin Harrison to move the patients. The 337th, in turn, named me as the liaison officer between St. Vincent and the Reserves planning the patient move.

In order to reduce the number of seriously ill patients in the hospital at moving time, the admitting and scheduling policy was altered. Super-major surgical operations such as esophageal resection and major vascular procedures were not scheduled at the old hospital for one week before the move. The same operations were not scheduled at the new hospital for the same length of time after the move, to insure that the surgery teams were accustomed to the new surroundings.

A four-day policy was applied to major operations such as hysterectomy and cholecystectomy. A two-day policy was applied to surgical procedures such as hernioplasties and appendectomies. No multiply injured patients were admitted during the week prior to the move and hip fractures and major long bone fractures were not admitted during the four days prior.

The various acute and dangerous medical conditions were categorized and listed in the 7-day, 4-day, and 2-day cutoff schedule for admission.

All ambulance services were advised of the pre-move admission policy and other general hospitals in the city were informed of the policy and absorbed the emergency admissions.

Despite these policy changes, it was planned to accept and treat all patients who arrived at the old hospital on moving day. Patients arriving at the new hospital were accepted as early as seven o'clock that day.

All personnel, including the medical staff, were provided with identifying badges for the move. No one except hospital employees, the medical staff, the military personnel and authorized members of the press was permitted in either hospital until the move was completed.

Commercial parking lots adjacent

On July 31, 1974, Dr. Eskew was awarded The Army Commendation Medal for "his outstanding and meritorious service, while assigned to the 337th General Hospital, Fort Benjamin Harrison, Indiana, in both the planning and co-ordination of the entire concept of the relocation of St. Vincent Hospital"

He is a 1970 graduate of the Indiana University Medical School and has, since the completion of his residency at St. Vincent, been in private practice in Carmel, specializing in obstetrics and gynecology.

to the old hospital were made available for hospital personnel and staff parking on moving day to clear the parking space nearest the hospital for patient transportation.

The hospital move was originally scheduled for Dec. 16, 1973, but construction delays forced a change to March 31, 1974. This was also to be my last day of residency in obstetrics and gynecology—what a date to remember!

Our unit went on active duty training at Fitzsimons Army Hospital, Denver, during February 1974. The men and women of our unit who were to be involved in the hospital move were given individual training in handling patients.

A staff meeting was held at the old hospital on March 27th and the team leaders were told in detail how the move was to be performed and were also given a brief orientation to the old St. Vincent Hospital. On Saturday, March 30, the people involved in transferring patients from the old hospital were oriented there and those that would be receiving patients at the new hospital were oriented at the new one. The fact that we had Saturday to put our equipment together and orient our people one day before the move was of great benefit to us. Sunday morning was best suited for the project because of traffic control and the likelihood of fewer spectators along the planned route.

The equipment and supplies were moved by several Army Reserve Units on March 16, 17, 23 and 24. Our Unit also provided the manpower to assist Lt. Col. Patrick G. Fitzgerald, liaison officer for the equipment move, on March 30 and 31. North American Van Lines was called upon to move a large amount of the equipment, beginning with daily loads on March 14th. After their initial instructions, the Reservists worked hard and efficiently to move all the equipment assigned to them. In retrospect, much equipment moving could have been done by Army Reservists in Army vehicles; but, because the unit had no prior experience, the hospital felt that a professional mover should be given the bulk of this detail.

We estimated the number of patients to be moved at 125, plus or minus 25. Our schedule planned for the ambulances, buses and manpower to move 175 patients between the hours of 7 a.m. and 12 noon. Anything less than 175 would make our job that much easier.

In October a mock single patient transfer was practiced moving a patient from a bed on the third floor of the old St. Vincent Hospital onto a litter, down the slow elevator and into the waiting Army ambulance. By traveling three different routes and following the traffic lights and signals to the new hospital, the trip took between 22 and 23 minutes by each route. We then allowed 10 minutes for loading at the old hospital, 10 minutes for unloading at the new hospital and 25 minutes transit time each way; thus the round trip time to move two patients would be 70 minutes. Although 20 ambulances originally were requested, only 11 were obtained. One was to be the alternate and 10 ambulances would carry the patients on a strict every-five-minute schedule.

All Employees Briefed

During the final days prior to moving day many employees expressed a desire to know how the move would actually occur. A week prior to relocation, I gave eight lectures to more than 400 employees, representing all three shifts, explaining the plan in detail. The talks at two and three in the morning were especially important, since employees on this shift would be the last to reassure the patients prior to their move. These talks served several purposes: First, the employees were told that they were extremely important in the preparation of the patients because, having learned how the move would occur, they could, in turn, assure the patients that it would be a comfortable move; second, several questions were asked which prompted me to check out more details; third, it was a good public relations venture for the Army Reserves.

One patient needed to be moved as little as possible because she had bilateral fractures of the femurs, had a chest tube in place, and was on a respirator. Arrangements were made with the Parr-Lance ambulance service to use an ambulance that would accommodate her bed. On Saturday, I took a bed (similar to the one she was in) from the intensive care unit to the surgery elevator, where it fit with only one inch to spare; thence down to the exit, where it fit by two inches, and out onto the parking lot. Nothing could be left to chance and every detail was checked and rechecked.

We attempted to prepare for every possible problem. Any woman in labor was to be evaluated by her physician at 6:30 a.m.; if she could be moved before delivery, she would have first priority; if not, she would remain at the old hospital, be delivered and moved later. Patients in the intensive care unit and coronary care unit were moved first to give the private ambulances more time for their third round trip. MEDIC II ambulance from Marion County General Hospital was equipped to care for any possible emergency. Three patients were to be moved that had cardiac pacemakers in place. Two premature infants weighing 1 pound 14 ounces and 5 pounds 3 ounces were to be moved in the AID Riley Hospital Pediatric Intensive Care Mobile Unit.

Police motorcycle escorts were to be available and the National Guard Military Police and Indianapolis Police were to monitor the routes, with the Indianapolis Police Department stopping traffic when needed at key intersections. The Marion County Sheriff's Department handled the traffic and intersections along the last half of the route and near the new hospital.

Each patient, prior to the move, was asked to sign a special consent form pertinent to the move, and to indicate consent or denial for publication of pictures which might be taken by newsmen. Arrangements were made to furnish suitable prominent placards for those patient

who did not agree to news pictures.

Each patient was examined by a physician of the attending staff a few hours before the move for the purpose of preparing a certificate as to capability for transportation without harm or undue risk.

On Saturday, March 30th, a wet snow was falling. I spoke with several Sisters about praying for good weather and they told me that they were saving all their prayers for Sunday, March 31st.

Schedule Prepared Day Before

On Saturday afternoon a meeting was held to prepare the patient move roster, sequence, time and new room numbers. With the aid of Mrs. Marie Connelly, director of nursing, Miss Gertrude Bauer, head of reservations, and Mr. Wiley A. Green, assistant administrator in charge of admissions, this task was completed by 4 p.m. This schedule was then typed and copied for all floors and nursing personnel. An analysis of the patients, diagnosis, precautions and method of transit on a floor-by-floor basis was also prepared. The litters or stretchers were readied for the next morning and placed in the preparation area along with extra linen carts, cardiac monitors and emergency drug carts. Three patients delivered babies during the afternoon, changing the roster at the last minute. (It had earlier been made clear to all physicians when I spoke to the General Staff about the move that no patient was to be dismissed from the hospital on March 31st.)

That same Saturday afternoon the ambulance drivers cleaned their vehicles and put numerical signs on the doors to facilitate identification by the route monitors. The heater in one ambulance did not work and that driver waited until the other drivers had gone and switched his number with that of another ambulance. The next morning, when the driver (who had worked hard to clean his ambulance) discovered his heater out of order, he worked all morning on the heater. At 9:30 a.m. it was fixed and, with tears in his eyes, he asked if he could please just make one trip with patients instead of merely carrying the extra litters back to Ft. Harrison. This driver was given the honor of carrying the last two patients to the new hospital.

I left the hospital at 11:30 p.m. Saturday hoping that all would go as well as we anticipated. We had 102 patients to move unless somebody went into labor. I arrived back at the hospital at 3:30 a.m., met with the night nursing supervisors to see if there were any changes in any patients. On reviewing charts it was noticed that one patient who had been scheduled to ride a bus had a diagnosis of a severe nosebleed. Since he had orders of strict bedrest, he was transferred by Army ambulance.

House Staff members arrived on Sunday morning at 6:00 a.m., their day off, eager to help. Coffee and doughnuts were provided by the hospital for all personnel involved in the move. Assignments were given and some of the House Staff were teamed with a driver of one of the 10 private ambulances donated for that morning by the AID and Parr-Lance ambulance companies. Other members of the House Staff were sent to the floor to perform pre-move physical examinations on all patients.

I became more nervous as I awaited the Army Reserves. They arrived at 6:45 a.m. and I began reinstructing them in preparing the blankets on the litters, where to go to begin moving patients and many other important details. Suddenly I realized that no one was paying much attention to me, but they were all doing their respective jobs. I headed for the coffee and worried no more.

Specialist 4 Charles R. Waggoner, a civilian Indiana State Policeman, was put in charge of directing traffic in the parking lot of the old hospital. He not only directed the 10 Army ambulances and 2 Army buses but also the 10 private ambulances and arranged with the Indianapolis Police Department for the various motorcycle escorts. This was an example of a man taking complete charge of the situation and doing an outstanding job.

The patients being moved in Army vehicles were assigned a specific time on the transfer list. After all patients had been given a pre-move physical examination by the interns and residents, a preparation team consisting of an Army Reserve medical officer, a nurse and two corpsmen moved down the halls lifting a patient every five minutes. One preparation team was on the West wing while the other was on the East wing on a similar time schedule. This procedure presented two patients to the departure teams at the emergency room exit every five minutes as each team used the elevator on its wing. The departure team, consisting of an Army Reserve medical officer, a nurse and a St. Vincent Hospital intern and nurse, checked the patients to be sure they were warm and comfortable and they also supervised the loading procedure.

Communications were set up between the hospitals by stationing an Army Reserve dental officer at the respective information desks. A telephone line was kept open during the move and they were continuously relating which patients were in what ambulance and when they left and when they arrived. The patient to be moved in the bed left promptly at 7:00 a.m. as scheduled with an anesthesiologist and a medicine resident along. She did beautifully! The labor room was empty after Saturday evening; we were indeed fortunate, for the staff had at least 12 patients that were overdue.

Patients Met By Nurses

At the new hospital a nurse from each floor was in the lobby to meet the patient going to her floor and directed the Army Reserve corpsmen to the patient's bed. A receiving team, made up of Army and hospital personnel, examined each patient briefly on arrival at the new hospital to be sure that he was still in good physical condition at the completion of the trip. After the patient was placed in bed by the corpsmen, the House Staff interns and residents performed a post-

move physical examination to complete the transfer record which became a part of their medical record. Army Reserve Medical Officers rode in the Army ambulances and Army buses to monitor the patients and completed the middle portion of this record. This meant that every patient was seen by at least six physicians from the time they left their bed at the old hospital until they were safely in their new beds at the new hospital.

The weather was beautiful—sunny, mid 40's, clear, with dry roads.

According to plan, the last patient of 102 should arrive at the new hopsital at 10:15 a.m. It was recorded on television that the last patient arrived at precisely 10:15 a.m. followed by a police escort carrying Sister Carlos, Col. Gardner, Lt. Col. Orth, Lt. Col. Fitzgerald and myself. I must admit my eyes were rather misty as we pulled out of the parking lot of the old hospital. All that had happened at the old hospital, all the wonderful care given to so many, and it was over so suddenly.

In three hours and fifteen minutes 17 patients were moved by Army bus, 29 patients were moved by private ambulance and 56 patients were moved by Army ambulance.

I maintain that the key to this successful move was the esprit de corps that developed in the Army Reserves as we came closer to Move Day. Staff officers warned that many of the men would not show up at 5:30 a.m. on Sunday and we would be at half strength in some areas. In the briefing at Fitzsimons Army Hospital I simply stated that I wanted the men to think of this move as if they were transporting a member of their family. If the men would show up and move just one patient, I felt sure they would become enthusiastic. This is precisely what happened. The Army Reservists were laughing with the patients, caring for them, and very proud to participate in a community project.

Many people—Sister Carlos, Col. Gardner, Fred Snoy and hundreds of hospital employees, my fellow medical officers, the 200 men and women of the Army Reserves and several of the Attending Staff and House Staff—all participated and cooperated in the successful move of St. Vincent Hospital with not one of 102 patients changing his physical status.

The House Staff and Army Reserve personnel, most of whom are under 30 years of age, deserve special recognition. Their sense of responsibility and dedication reflects favorably on them and others of their generation. My reward came from the fact that patients were moved with little disruption of hospital routine. One patient took the time to write a note on April 22nd. She was Mrs. K. V. Ammerman, the 80-year-old widow of the former principal of Broad Ripple High School:

"Being under sedation, I fear I was not very alert. The ride was an easy one and I wish to thank you and the other officers for your kindness. You did a great job in moving patients. I am leaving the hospital soon. My best wishes to you and the officers." ◄

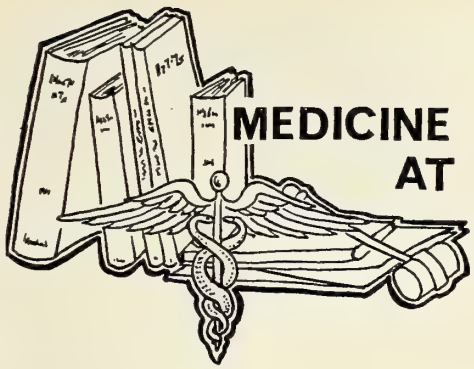
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From The Journal 50 Years Ago

The purpose of this paper is to discuss the differential properties, essential variations in technic of application, and a few well known clinical entities favorably influenced by the two explored fields of actinotherapy, namely the near or long actinic rays, and the far or short ones. . . .

We have now discussed the differential properties and the technic of application of the two great varieties of actinic rays. As a preface to a summation of clinical results obtained, we should insist that although the radioactive substance research field is one of limitless possibilities, and the clinical application of radiant energy is no less fascinating, nevertheless we should be conservative in our attitude, critical in judgment and unsparing in our efforts to obtain reliable objective proof of the results of our therapy. On the other hand, the medical profession with its scientific premedical training should not permit this field of therapy to become monopolized by cultists. Whatever modicum of therapeutic efficiency there is in it should be utilized to the fullest extent by trained medical men as a useful adjunct to older and well established medicinal and surgical therapy.

We have in the actinic lamp a scientifically constructed instrument of precision which when intelligently operated and controlled is capable of producing in an ever-increasing number of clinical entities, results more prompt and satisfactory than that of any other agency, and in most cases it is capable of serving as an important adjunct, whatever the major therapy may be. . . . "Actinotherapy," Edwin N. Kime, M.D., Indianapolis, **JISMA**, February 1925.



MEDICINE AT LAW

Patient's Conduct Bars His Estate from Recovering for His Death—A wrongful death action against emergency room personnel was properly dismissed because the patient's conduct was the proximate cause of his death, the Delaware Supreme Court ruled.

The patient and a companion had been taken by two police officers to a hospital emergency room. They claimed to be heroin addicts suffering withdrawal symptoms. The patient claimed his habit required four to five bags of heroin daily.

After receiving an affirmative answer to his question whether the patient had ever attended the methadone clinic, the emergency room physician ordered 40 mg of methadone for each man. Their active solicitation of medication was supplemented by manifestations of physical symptoms consistent with their claimed withdrawal.

After the first dose the companion quieted down, but the patient persisted in his behavior. He became violent, beat his head against a wall, and told the physician he was still sick and needed more methadone. About half an hour after the first dose, the physician instructed a nurse to give the patient a second 40 mg dose and observe him for 30 minutes. Shortly after the second dose, he quieted down and was taken to a cell by the police.

The following morning he was found dead in his cell. An autopsy revealed death from multiple drug intoxication. It was later learned that the patient was not an addict and had never participated in a methadone program. In fact, he had been drinking just before being taken into custody by the police and had taken several Librium capsules. He did not give that information to the hospital authorities.

His estate brought a wrongful death action against the physician, and the trial court dismissed it on summary judgment. His estate appealed.

On appeal, the critical issue was whether the patient had contributed to his own death, the Delaware Supreme Court said. The undisputed facts showed that the patient "put on an act" with tragic consequences. For reasons of his own, he demonstrated the clinical symptoms of heroin withdrawal and confirmed them by insisting he was an addict. He further contributed to his death by failing to tell emergency room personnel that he had been drinking and had taken Librium. His deception and conduct contributed directly to his own death, the court said. It was the duty of a patient to use the care of a prudent man in those circumstances. The patient's deception certainly violated that rule, the court concluded, and barred recovery for his death. —*Rochester v. Katalan,* 320 A.2d 704 (Del.Sup.Ct., April 26, 1974).

No Liability for Not Diagnosing Pregnancy in Time for Abortion—A complaint for the costs of rearing a healthy child born after a physician failed to diagnose the mother's pregnancy in time for an abortion did not state a cause of action, the Wisconsin Supreme Court ruled.

Claiming that a clinic and an obstetrician had negligently failed to diagnose the pregnancy, the parents brought an action against them for $300,000. By the time a proper diagnosis of pregnancy was made, it was too late for an abortion because of the dangers involved. The parents' intention when they went to the clinic was to have an abortion if she was pregnant.

Because the pregnancy was not discovered in time, they sought compensation for future costs of bringing up the child. The trial court denied a motion by the clinic and the obstetrician to dismiss the case, and they appealed.

Describing the action as based on the unwanted addition of a fourth child to the family, the Wisconsin Supreme Court noted that there was no allegation that the child would continue to be an unwelcome member of the family or that the parents had placed him for adoption. They sought merely to shift the costs of rearing the child to the obstetrician and the clinic.

The case raised an issue of public policy, the court said. Negligence resulting in injury does not always lead to recovery of damages, the court said. The court then listed six policy reasons on which recovery could be denied. Among the reasons were that the injury was too remote from the negligence, it would place too unreasonable a burden on physicians, and recovery would be too likely to open the way for fraudulent claims.

To permit the parents to enjoy the fun, joy, and affection of rearing and educating their child at the expense of the obstetrician would be against public policy, the court said. Concluding that the case should be dismissed, the court noted that the child may someday read the opinion and, for his benefit, said that the lawsuit implied no rejection of the parent-child relationship but was undertaken to determine "the outer limits of physician liability for failure to diagnose a pregnancy." The case was well beyond such outer limits, the court said.—*Rieck v. Medical Protective Company of*

Fort Wayne, Indiana, 219 N.W.2d 242 (Wis.Sup.Ct., June 28, 1974).

No Negligence in Using Antibiotic Contrary to Package Insert —A physician was not negligent in using an antibiotic to treat an infection caused by a bacteria which the drug manufacturer said was not usually susceptible to the antibiotic, a Louisiana appellate court ruled.

A patient had undergone surgery to repair her fractured right hip. About three years after the operation she was diagnosed as suffering from avascular necrosis of the femoral head. She was operated on a second time and administered Keflin postoperatively.

A routine urine report revealed a urinary tract infection, and the treating physician switched antibiotics from Keflin to Keflex, an oral form of cephalothin. The pathologist's drug sensitivity test indicated that *E. coli,* the organism causing the urinary tract infection, was sensitive to Keflex.

Later an infection caused by a strain of Enterobacter was discovered at the wound site. The physician continued her on Keflex because the pathologist's drug sensitivity test indicated that the strain of Enterobacter was also susceptible to Keflex. The patient made regular office visits to the physician for the next eight months.

Claiming that her physician had negligently treated her, the patient brought a malpractice action against the physician. A jury returned a verdict in his favor, and she appealed.

On appeal, the patient's primary contention was that her physician prescribed Keflex even though the package insert for the drug indicated that it was not effective against most strains of Enterobacter. Several medical experts had testified on behalf of the physician that they relied on a pathologist's drug sensitivity tests more than the literature distributed by drug companies. Even her own expert witness admitted that the strain of Enterobacter causing the wound-site infection was probably sensitive to Keflex. In view of that evidence, the physician did not deviate from the standard of care by prescribing Keflex.

Nor did the patient's evidence establish that the physician was negligent in failing to discover a latent deep-seated infection or in ordering insufficient x-rays and additional blood work and in injecting cortisone into her hip. The physician testified that there were no symptoms of the infection and that he did not want to subject her to any more x-rays than necessary. Further blood work would not have aided the diagnosis, the appellate court said.

On another point, the patient contended that the trial judge improperly refused to give the jury an instruction on the reluctance of physicians to testify about the errors of their fellow practitioners. That was not a proper statement of law and was properly refused, the appellate court said. The trial court also properly refused to charge the jury that a physician was required to prescribe a drug in the manner recommended by the manufacturer and that administration of the wrong drug was negligence as a matter of law. Neither of those statements was recognized as the law in Louisiana, the appellate court concluded.

The judgment in favor of the physician was affirmed. *Haynes v. Baton Rouge General Hospital,* 298 So.2d 149 (La.Ct. of App., June 28, 1974; rehearing denied, Aug. 13, 1974). ◄



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THE FAMILY LAWYER

"COMPULSORY" SURGERY

Suffering from a hyperthyroid condition, Doris began to collect disability payments under the Social Security Act. But after a brief period, the government decided to pay no more.

"She isn't that sick," a government spokesman explained in a court hearing. "All she needs is a minor operation, which she refuses to have. That isn't our fault."

"I just don't like surgery," countered Doris. "They can't make such a thing compulsory."

However, the court agreed with the government that the payments could indeed be terminated. The court said Doris could not be classified as "disabled" when it was within her own power to get well.

The justification for the ruling was that the operation which Doris needed was relatively safe. Why, say the courts, should the government bear the consequences of a person's unusual squeamishness?

The greater the risk, however, the greater the right of the ailing person to refuse surgery without losing his benefits. He may also refuse surgery on the ground that it is not likely to help him. Thus:

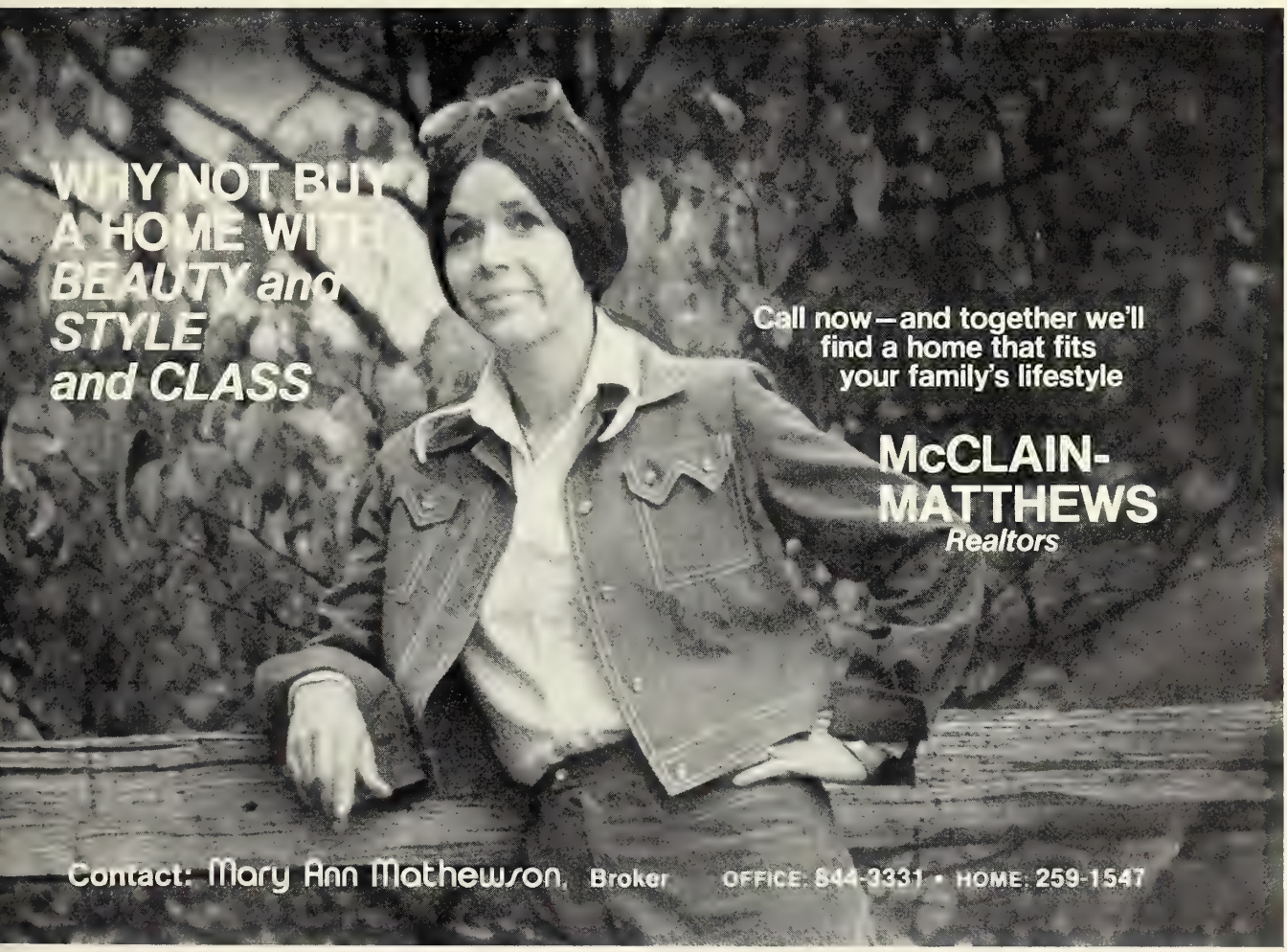
A truck driver was disabled by a severe back problem. Here too the government wanted him to undergo corrective surgery rather than collect disability payments.

But this time, the operation was both painful and dangerous—and the chance of success was no more than 50%. Ruling against the government, the judge said:

"This court will not require claimant to submit to such odds."

One case involved a man who was unable to hold a job because he drank too much whiskey. In seeking social security payments, he claimed he could not change his habits. But a court turned him down, concluding that he could control his "disability" if he tried hard enough.

A public service feature of the American Bar Association and the Indiana State Bar Association. Written by Will Bernard.
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A Layman Speaks: "*Pass House Bill 1460*"

Dear Doctors:

The medical liability crisis facing doctors in Indiana and around the country is of great concern to me and I am sure to all Hoosiers.

Today, in my opinion, we have the best trained doctors in medical history performing such needed surgery as heart and kidney transplants, cancer surgery, orthopedic surgery, and the list goes on and on.

We cannot allow doctors to be forced out of medicine.

The current situation, as I understand it, was brought on by the high cost of medical liability insurance and, in some cases, the unavailability of it. The insurance problem, I am told, came about because of the increasing number of suits against doctors and hospitals and the juries' willingness to award large settlements to plaintiffs.

After making a careful study of the situation and talking with other concerned citizens, I wish to add my voice in backing House Bill 1460, The Patients' Compensation Bill.

I realize fully that it does away with one of the rights granted us under the Bill of Rights, the right to a trial by jury, but I truly believe that having a doctor available when needed can be a matter of life and death.

I understand that if you don't want to be covered by this bill you can tell your doctor your decision prior to the surgery and your right to a trial by jury, if that ever came about, would be preserved.

I am urging all Hoosiers to join with me in requesting our legislators to pass House Bill 1460 which will guarantee us continued medical care in the future.

CHARLES E. STIMMING
Chairman of the Board
France Stone Company

Mr. Stimming, a resident of Indianapolis, has been active in civic affairs and is the immediate past president of the Board of the Community Service Council of Metropolitan Indianapolis. He served as president of the Rotary Club of Indianapolis in 1973-1974 and is currently on its Board. Mr. Stimming also serves on the Board of Trustees of Marian College and of Brebeuf Preparatory School. He is a graduate of Loyola University of Chicago and holds an honorary degree from Marian College. In 1966 he received the Brotherhood Award from the National Conference of Christians and Jews in Indianapolis, and was recently made a Knight of St. Gregory by Pope Paul VI. The National Council of Catholic Men bestowed the coveted St. Thomas More Award on Mr. Stemming at their National Convention. This is awarded for exceptional service to country, community and church.—**Ed.**



Putting out the fires of arthritic pain

Rheumatoid arthritis can sometimes spread like wildfire, with joint after joint going up inflamed. "The usual onset is manifested by spotty joint involvement but an acute onset of symmetrical polyarthritis may be noted."*

If aspirin fails, consider Butazolidin alka. Giving one capsule four times a day often provides prompt, pain-relieving, anti-inflammatory action to help restore joint mobility. The results you can get within a week can be maintained on as little as one or two capsules daily.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions. For full details, please read the prescribing information. It's summarized on the back of this page.

Butazolidin® alka

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

If it doesn't work in a week, forget it.



Butazolidin® alka

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

If it doesn't work in a week, forget it.

Ragan, C.: The Clinical Picture of Rheumatoid Arthritis, in Arthritis, ed. 8, edited by J. L. Hollander and D. J. McCarty, Jr., Philadelphia, Lea & Febiger, 1972, chap. 21, p. 335.

Geigy

Fire fighter for arthritic flare-ups.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis.

Contraindications: Children 14 years or less, senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existance of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy, CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

(B)98-146-070-J (10/71)

For complete details, including dosage, please see full prescribing information.

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ABSTRACTS, BOOK REVIEWS

MEDICAL MALPRACTICE

(Report of the Secretary's Commission on Medical Malpractice), Department of Health, Education, and Welfare. Washington, D.C., January 16, 1973.

First, a description of this book. Actually it's two separate books, both of them soft bound: the first, about the size of *Fortune* magazine, is a report of the Commission, and the second is about the size of a metropolitan telephone directory. The second is actually an appendix (A curious anatomy: the appendix is five times as large as the body of the report!) containing various reports, surveys, findings of interviews, etc. The books weigh 5 lb. 6 oz. on my baby scales.

I do not recommend that any physician buy these books. It is important to review them now because of our present problem with medical liability insurance. Perhaps the Indiana State Medical Association could base some medical education program on the findings and recommendations found in this report. Perhaps the ISMA or the AMA could reprint some of the findings and recommendations of this report and certainly the AMA could reprint (if it has not already) all or part of the minority report of Charles A. Hoffman, M.D., past President of the AMA.

Most important, this report and, indeed, the formation of the Commission itself proves that the federal government feels there is a crisis or at least a problem with malpractice insurance. One of the Commissioners wrote that she felt the crisis was mostly in the eyes of the health care providers. Notwithstanding, the fact that the federal government spent $2 million in 16 months and wrote this voluminous report indicates that it feels there is a significant problem.

As an example (not meant to be complete or a summary or an indication of the totality of the report) one of the parts of the appendix can be summarized by stating that:

1. An estimated 12,000 incidents triggered claims reaching settlement in 1970. Approximately 40% of the true incidents eventuated in payment to the claimant.

2. The total compensation to claimants was estimated to be $80.3 million, with an additional $10.4 million expended on carrier legal fees. The typical (median) payment for these incidents in which payment occurred was $2,000 (there was a noticeable bulging in the area of $5,000 to $20,000).

3. A typical claim filed was established after some initial contact from a health care provider—72%.

4. The injuries alleged to be iatrogenic occurred when patients were being treated for a variety of ailments. As one might imagine, orthopaedic surgery, gastrointestinal surgery and gynecological treatment were the most frequent causes of alleged malpractice injury.

5. The severity of injuries was categorized with the majority being of minor and temporary nature.

6. The patients described in claims filed were a representative cross section of the general population.

7. Various types of insureds were named as targets of claim action with distinct outcome. Many of the hospital claims were of a warning type. Many of the actions against dentists were settled with a relatively small median payment and settled more quickly. Most claims against health care providers were against physicians (rather than dentists) and the median amount of awards against physicians was nearly five times that against dentists.

8. Some medical specialties contributed disproportionally to malpractice claims, such as: orthopaedic surgeons, anasthesiologists, urologists and obstetricians/gynecologists.

The foregoing is a sample of the reports in the appendix.

The Report of the Commission, in summary, has a list of findings and recommendations which number nearly 125. One of the findings of interest to our present physician liability crisis in Indiana is the proposed remedial legislation of a patients' compensation board.

Some further findings and recommendations of the Commission:

1. The Commission decribed over-utilization of health care resources in order to practice defensive medicine.

2. The Commission felt there was no indication that the use of allied health care personnel (when properly qualified and supervised) leads to any increase in malpractice claims.

3. The Commission felt that patient injuries were the prime cause of malpractice problems. The Commission described these injuries as real or imagined.

4. The Commission felt that individual states ought to control the contingency fee system.

5. The Commission felt that medicare forms and rules ought to be simplified in order to cut down on patient dissatisfaction with health care providers, etc., and that, should national health insurance be instituted, forms used here should likewise keep confusion and discontent to a minimum.

6. The Commission felt that state licensure bodies ought to have more power to discipline practitioners.

7. The Commission was in favor of continuing postgraduate medical education and recertification of physicians by their specialty boards.

Continued

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8. The Commission felt that the public should be educated in subjects of health, hygiene, how to communicate with health care personnel, economics of medical care, conventions of medical practice and limitations of medical science.

The foregoing are some of the findings and recommendations of the Commission and are not necessarily representative and certainly are not complete.

Finally, to restate the case: federal government spent considerable time, money and pages to investigate the malpractice insurance problem and made many suggestions.

ALVIN J. HALEY, M.D.
Fort Wayne

CLINICAL HEMATOLOGY

Maxwell M. Wintrobe, M.D., seventh edition, Lea & Febiger, Philadelphia, 1974; $35.00; 1896 pages; 543 illustrations (24 color plates); in six parts and 57 chapters, with three appendices and a massive index.

Just in September 1973 I had the pleasure of reviewing another excellent tome on Hematology (*JISMA*, Sept. 1973, page 822). Professor Wintrobe contributes to medical texts and I made a comment as to when he would update his own leader in this field. Well! This October 1974 7th edition gives an emphatic answer: double in spades!

Mere words cannot give an adequate description of the erudition and vast scope of this colossal overview of the *entire* field of hematology! I've said it before and I'll repeat it again: this is a "handbuch" of the subject in the truest meaning of the much abused word. But every medical school and hospital library will have this volume on its shelves. Not only hematologists but internists will have it on their working shelves; many general practitioners will read it at their hospitals or even buy it for themselves.

The paper, binding and printing are up to top standards. The publishers did a superb job. Congratulations to the author, his associates and all involved on performing their tasks in such flawless fashion!

ARNOLD LIEBERMAN, M.D.
New York City

ORGANIZATION OF ENERGY-TRANSDUCING MEMBRANES

Edited by Makota Nakao and Lester Packer, University Park Press, Baltimore, 1974; $24.50; 367 pages with numerous tables, electron photomicrographs and graphs.

This splendid volume is a summary of the proceedings of a seminar held in Tokyo back in May 1972. There is a superb preface from the pen of the well known Prof. D.C. Tosteson of Durham, N.C. The usual score or more of participants contributed their individual chapters. The paper, binding and printing are fully up to the usual, meticulous standards set by our Japanese confreres. The price is reasonable and the interested reader will get his money's worth: and more.

This reviewer must confess to a caveat which is mere prejudice but then: what is a review for? Back in December 1973 (*JISMA*, p.1110) I really extolled a volume on this same topic written by Yuji Tonomura. I still have it most accessible on a shelf. By the way, the back of the cover of the monograph being discussed presently advertises this very monograph. Given a choice, my personal preference is still with Tonomura's book. Still, the expert researcher in this field would almost certainly opt for both books. As for the reader, you take your choice and be thankful that such splendid, updated works are there for your delectation.

ARNOLD LIEBERMAN, M.D.
New York City

PSYCHIATRY IN PRIMARY CARE

Cadvoret, Remi, M.D., King, Lucy, M.D., The C. V. Mosby Company, St. Louis, 1974; $12.95.

Psychiatry in Primary Care was designed for the primary care physician. In view of the fact that the role of this physician increasingly involves him in psychiatric problems, the subject of the book appears to be timely. Of necessity, one cannot cover the field of psychiatry in 305 pages. Still, the authors do a commendable job in presenting the essentials with which every family physician should become familiar.

The approach of the authors employs observations of patients' overt behavior. For the most part, motivation and casuation do not enter into their system of diagnosis. Hence, diagnosis is organized on the basis of the syndrome—a recognizable group of signs and symptoms. The authors' approach is thus essentially pragmatic and, for the primary care physician, this is probably an excellent approach. The book includes a section on gathering information, then a long section on the several syndromes, then finally, a section on the different modes of therapy—psychotherapy, medication and electroconvulsive treatment. The authors' approach to the use of drugs impresses this reviewer as properly conservative. The fact that many drugs can actually contribute to psychiatric problems receives due attention. Finally, psychiatric emergencies are dealt with.

The index is satisfactory. There are no illustrations. The book is bound in plastic-coated paper and, as medical books go, is not exorbitant in price ($12.95). Certainly it can be enthusiastically recommended to every primary care physician, as well as to residents in general practice.

W. D. SNIVELY, JR., M.D.
Evansville

STEROID-CELL INTERACTIONS

R.J.B. King, Ph.D., and W.I.P. Mainwaring, Ph.D., University Park Press, Baltimore, 1974; $27.50; 440 pages with excellent tables and up-to-date references.

These two young and energetic research workers exemplify in many ways our hopes for the future. It is not so long ago that we learned to recognize the basic mechanisms whereby the five main classes of steroids—the androgens, estrogens, progestins, glucocorticoids and mineralocorticoids—enter the responsive cells and bind to the specific proteins still being elucidated. It is no longer sufficient to say "Cyclopentanophenanthrene" and look around for applause. The subject is expanding logarithmically far beyond the mere *naming* of the various groups of compounds.

Just why do seemingly minute changes in the structural formulae produce such totally different effects? Just what does occur at the receptor sites? Within the cell itself, precisely what does happen? Why is the steroid changed so radically now but not then? Precisely where does the metabolic change occur? Why does the steroid remain intact in this instance and (yet) disappear in the other reaction?

It is just energetic, dedicated biochemists like the present authors who will have much to do with giving us the unequivocal answers. More power to them. As usual, the paper, binding and printing are faultless. All research workers in this field will find this volume MUST reading!

ARNOLD LIEBERMAN, M.D.
New York City

LIFESAVING: RESCUE AND WATER SAFETY

The American National Red Cross, Doubleday and Company, Garden City, NY, 1974; $2.25.

The appearance of *Lifesaving: Rescue and Water Safety* is particularly appropriate at this time, for more time for leisure and our burgeoning population have greatly increased participation in water sports. This authoritative manual was prepared under the auspices of The American National Red Cross and involved numerous authorities on water safety. The text covers some 225 pages and delves into such topics as general pointers on safety, equipment, rescues, finding the submerged victim, the job of the lifeguard, small craft safety, ice safety, survival swimming in emergencies, respiratory emergencies, artificial respiration, and finally, emergency first-aid. Perhaps the authors would have done well to have also mentioned the rather prominent role played in water accidents by alcohol intoxication. The book is well illustrated, with many two-color drawings and diagrams and some in several colors. The writing is clear, and this plus the generous illustration makes the book easy to read. The index is adequate, and the cover is of flexible plastic-coated paper. The cost is extremely modest at $2.25. Certainly every physician, nurse, and, in addition, everyone who goes into the water should own a copy of this really outstanding book.

W. D. SNIVELY, JR., M.D.
Evansville

THE TREATMENT OF BREAST CANCER

Prof. Sir Hedley Atkins, K.B.E., editor; University Park Press, Baltimore, 1974; $19.50; in 7 chapters, 220 pages with extensive bibliographies at end each chapter.

Since Betty Ford and Happy Rockefeller have had their widely publicized mastectomies, this topic has been making extensive headlines throughout this country, to say nothing of the world. This is all to the good, as this disease is certainly high on the list of those whose mortality would be greatly lowered were early diagnoses made.

All but one of the chapters have been written by English specialists. This is well, for we are presented with approaches that—in some instances—differ quite markedly from the accepted here in the States. The authors are quite pithy and their bibliographies are *really* complete. Because they speak of treatment only, we are deprived of their ideas anent etiology, possible viral involvement and other areas of interest to all of us.

The price is a bit high; but then, that is inflation. The binding, typing and paper are excellent. I failed to see any typographical errors. The level of presentation is on the senior medical student level. I rather think that an intelligent lay person could scan this monograph with profit. Altogether: a worthy accomplishment!

ARNOLD LIEBERMAN, M.D.
New York City

TREATMENT OF PROSTATIC HYPERTROPHY AND NEOPLASIA

Edited by J.E. Castro, University Park Press, Baltimore, 1974; $19.50; 200 pages.

The seven chapters were written by experts ranging from California to London, England. The title heads tell their story: "Biology of the Prostate," "Medical Treatment of Benign Prostatic Hypertrophy," "Surgery of Benign Prostatic Hypertrophy," "Cryosurgical Treatment for Benign and Malignant Prostatic Disease," "Conservative Treatment of Cancer of the Prostate," "Radical Treatment of Prostatic Cancer," "Adrenalectomy and Hypophysectomy in Disseminated Prostatic Cancer," followed by an excellent index.

Each chapter lists copious references to the literature. The paper, binding and printing are up to the usual standards: this makes the rather steep price a trifle more palatable. All in all: an excellent teaching text geared to both the expert and the student.

ARNOLD LIEBERMAN, M.D.
New York City

PSYCHOLOGY OF ETHICS

John M. Dorsey, M.D., LL.D., Center for Health Education, Detroit, 1974; $8.00; 260 pages; 8 chapters with an extensive glossary and an exhaustive bibliography.

The jacket is decorated with four handsomely embossed spheres each labeled, "my allness." The print is large and the language quite simple and direct. As can be surmised, the discussion is quite out of the usual range of medical books. The author, a professor emeritus at Wayne State University, Detroit, starts with an extensive introductory chapter. On page xiii, he quotes Thomas Jefferson on "the best government is self sovereignty." Then, the author puts in italics the statement that, "Only I, acting as my own acknowledged agent, can teach my self any of my own greatness."

The author's super-ego just might be a bit inflated but he does not deny it. The quotations on page 211 on are rather intriguing as expressions of his "ethicoreligious living." I could go on and on but I do hope you are by now sufficiently interested to pick the volume up and just scan it for the outré points constantly being made.

ARNOLD LIEBERMAN, M.D.
New York City

Continued



Abstracts from Various Literature, Prepared by AMA

BANKED AUTOLOGOUS BLOOD IN ELECTIVE SURGERY

J. E. McKittrick (Santa Barbara Medical Clinic, P.O. Box 1200, Santa Barbara, CA 93102)
Am. J. Surg. 128:137-142 (Aug.) 1974.

Homologous transfusion carries a 5% risk of transfusion reaction, a 0.5% risk of overt hepatitis, and a 0.05% risk of hepatitis-associated death. Autologous transfusion eliminates all of these risks and serves as an additional supply of blood. Fifty patients donated blood preoperatively for possible later autologous transfusion. Twelve of these patients received autologous blood only, and two patients received one unit of autologous blood and two units of homologous blood. Although carried out only once in this study, if iron stores are adequate and the hemoglobin level is above 11 gm/100 ml, two units or more can be drawn preoperatively with equal safety. No adverse effects were noted in these patients.

RETAINED BILIARY CALCULI: REMOVAL BY SIMPLE NONOPERATIVE TECHNIQUE

P. B. Catt et al. (Princess Alexandra Hosp., Brisbane, Queensland, Australia)
Ann. Surg. 180:247-251 (Aug.) 1974.

T-tube washouts were successful in six of ten patients in clearing stones remaining in the common bile duct after biliary surgery. Bile culture is a necessary preliminary as fever usually followed washouts in the presence of infected bile. The patient was given propantheline bromide, and then one liter of physiologic saline containing 40 ml lignocaine 1% was run through the T-tube from 1 meter elevation. T-tube cholangiography showing adequate duct filling, no filling defects, and free flow into the duodenum was the test of success. There was no mortality, and insignificant morbidity. The technique is effective, simple and safe. It warrants a place in the management of retained biliary calculi, and should be used before resorting to the major surgery of reexploration.

ACQUIRED VALVULAR HEART DISEASE IN PATIENTS WHO KEEP PET BIRDS

C. Ward (Sheffield Cardiothoracic Unit, North Sheffield Univ. Hosp., Sheffield) and A. M. Ward
Lancet 2:734-736 (Sept. 28) 1974.

By means of the indirect immunofluorescent technique, antigen from *Chlamydia psittaci,* the causal agent in psittacosis, was demonstrated in left atrial or valve biopsy specimens from seven of 27 cases of acquired valvular heart disease. An epidemiologic study involving 257 cases of acquired valvular heart disease showed a substantially higher incidence of contact with pet birds in those patients whose valve disease was not preceded by rheumatic fever. This same group of patients (with no history of rheumatic fever) more commonly had symptoms of heart disease at about the time of and in the years immediately following bird contact. *C psittaci* may be causally related to some cases of valvular heart disease.

MINOCYCLINE: POSSIBLE VESTIBULAR SIDE EFFECTS

D. N. Williams et al. (L. W. Laughlin, 744 Albany St., Boston 02118)
Lancet 2:744-746 (Sept. 28) 1974.

Seventeen (89%) of 19 persons taking minocycline for the treatment of bacteriuria or for prophylaxis of meningococcal disease had nausea, vomiting, weakness, ataxia, vertigo or dizziness, 24 to 48 hours after the initiation of therapy. These symptoms usually occurred in combination, were often acute and severe, and disappeared shortly after therapy was discontinued. The side effects were not elicited when tetracycline was administered to some of the same patients, nor was there a history of similar symptoms among household or work contacts. Minocycline has a propensity for producing reversible vestibular side effects.

CLINICAL EXPERIENCE WITH INTRAOPERATIVE AUTOTRANSFUSION

S. E. Duncan et al. (Univ. of Texas School of Health Sciences, San Antonio 78284)
Ann. Surg. 180:296-304 (Sept.) 1974.

Utilizing a disposable unit, intraoperative autotransfusion was employed during surgery in 53 patients. During the two-year period of study, 26 patients underwent surgery for major traumatic injuries, eight for ruptured ectopic pregnancy and 19 for miscellaneous emergency or elective conditions. The indication for intraoperative autotransfusion was an anticipated blood loss of 1,000 ml or more. Contraindications for its use were colon injury or localized infection. Over 325 units of blood were salvaged and returned directly to these patients during surgery. Intraoperative autotransfusion, when properly employed, is a safe, practical, and technically feasible procedure. ◄

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ARNOLD H. KAMBLY, M.D.
Psychiatrist-Director

St. Vincent Library Dedicated to Dr. Garceau





On Apr. 23, 1974, the St. Vincent Hospital Library was dedicated to Dr. George J. Garceau, distinguished professor emeritus of orthopedic surgery, Indiana University Medical School, and a member of the hospital staff.

Participating in the ceremony were Sister Carlos, administrator, and Dr. Joseph C. Finneran, chief of staff, Dr. Harris B Shumacker, and Dr. Robert B. Salter, surgeon-in-chief, Hospital for Sick Children, Toronto, Canada.

After acknowledging the honor bestowed upon him, Dr. Garceau said:

"Now I wish to address a few words to the residents and interns. . . . appointment to the staff of a hospital is to be given a privilege to practice in that hospital. Earning a Doctor of Medicine degree does not give us a right to practice in a hospital, The degree of Doctor of Medicine allows us to apply for privileges. The privilege is granted by the hospital authorities. Once given the privilege, one must guard it well. For this privilege one should give the hospital something in return, something of one's self. If every member of the staff did this, the hospital would have little to worry about its staff. As for me, I shall cherish this privilege until my last day and hopefully beyond. . . . Thanks to all of you."

Dr. Garceau joined the faculty of the Indiana University Medical School in 1928, serving as chairman of the Department of Orthopedic Surgery from 1947 to 1966. He was chief of the St. Vincent orthopedic department from 1945 to 1970.

Richter Lectureship Established

Dr. Arthur B. Richter, Indianapolis, head of the electrocardiology department at St. Vincent Hospital from 1945 to 1971, has contributed $10,000 for a lectureship in cardiology at the hospital.

The Richter fund will be used to encourage experts in electrocardiology to lecture to medical students and physicians at least on an annual basis.

Others are invited to contribute to the fund. Checks may be made payable to St. Vincent Hospital Foundation Richter Fund.

Dr. Ferdinand Weyerbacher Honored

The former St. Vincent Hospital, 120 W. Fall Creek Parkway, North Drive, has been renamed Weyerbacher Terrace, apartments for the handicapped and elderly. Two hundred ninety-six apartments will be available with 10% of the apartments subsidized by the Federal government.

At the ceremonies commemorating the late Dr. Ferdinand Weyerbacher, he was described as "a legend in the field of medicine in Indiana," who served 20 years as president of the hospital and 25 years as treasurer of the Indiana State Medical Association.

President's Page

Confidentiality

A confidential communication is a communication which a witness cannot be compelled to disclose; such as, a client to his lawyer, a confessor to his priest, or a communication which a patient gives to his physician.



We must remember that a relationship between a physician and his patient is a very confidential one. The patient should feel free to make a full disclosure of facts to his physician in order that the physician may most effectively render his services. This can only occur when the patient is free to make the disclosure which is necessary for proper treatment with the knowledge that the physician will be able to respect the confidential nature of the communication.

In my opinion, physicians have a professional duty to retain the confidentiality of the patient-physician communication with the utmost secrecy. The physician may release information only upon the proper authorization from the patient, or in accordance with the requirements of the law. But, is this the situation that occurs? How many times have you written a very confidential history on a patient in a hospital, and then as you are making rounds you see various unauthorized personnel reviewing, digesting, analyzing the history which has been told to you by the patient. It appears that all of the hospital personnel are allowed to review our patients' charts—this includes nurses' aids, ward helpers, secretaries, physiotherapists, etc. It is my contention that the medical staff of the hospitals should initiate a program allowing only a doctor and the nurse (who is taking care of the patient) the right to review the confidential matter which is present. We should start this program NOW, in every hospital in this state.

In fact, we should carry this further and include the doctors' offices where so many insurance carriers are asking for information which should not be given without a complete authorization from the patient. As I visualize the encroachment of national health insurance, and other third parties in the health field, this private communication between the patient and the physician must be retained. When third parties, such as insurance companies, and government, become involved with physicians and their patients, very often these third parties do not maintain the confidentiality of the doctor-patient communication.

We should start the ball rolling at our own local level (controlling the confidentiality of the patient) so that we can start changing the tide of the third parties who are trying to break up the relationship between the physician and his patient. It is very easy to look into the future and see that when patients realize that the information that they have given (which they thought was confidential) is being bounced from agency to agency, they will become reluctant, and perhaps refuse, to give the physician a complete history, thus creating more difficulties for the physician in his job of diagnosing.

Let us seek to put the definition of "confidential" back into the proper perspective in the doctor-patient relationship.

Gilbert M. Wilhelmus, M. D.
President
Indiana State Medical Association

FUTURE MEETINGS, SEMINARS, COURSES

39th International Medical Assembly Scheduled at San Antonio in February

The 39th International Medical Assembly will meet in San Antonio on Thursday and Friday, February 27 and 28. This year's program is dedicated to the American Academy of Family Physician. Write or call Mr. S. E. Cockrell, Jr., 202 W. French Place, P.O. Box 12678, San Antonio 78212; phone 512-734-6691.

PG Surgical Forum in Mississippi

The University of Mississippi Postgraduate Surgical Forum will meet at the Jackson Hilton in Jackson, Miss., March 13 to 15. Subjects will be gastrointestinal, endocrine, colon, pancreas and breast. Registration fee is $150. Write Continuing Education, University Medical Center, 2500 N. State St., Jackson 39216.

Chest Physicians, Clinic to Sponsor "Cardiology for the Practitioner"

The American College of Chest Physicians and the Lahey Clinic Foundation are sponsoring a postgraduate course "Cardiology for the Practitioner," at Sugarbush Inn, Warren, Vt., March 12 to 14. The course will emphasize practical applications of the newest advances in cardiology for the physician who treats patients with heart disease in both office and hospital. Registration fees are $100 for ACCP members, $125 for non-members, and $75 for residents. Write to Bradford W. Claxton, 911 Busse Highway, Park Ridge, Ill. 60068.

Refresher Course in Pediatrics

The Cleveland Clinic will have a "Refresher Seminar in Pediatrics for Pediatricians and General Practitioners" on April 9 and 10. For information write Cleveland Clinic Education Foundation, 9500 Euclid Ave., Cleveland 44106.

Industrial Health Conference Set

The 1975 American Industrial Health Conference will be held April 13 to 17 in San Francisco with headquarters at the Hilton Hotel. This is the medical-nursing conference which presents a complete scientific program covering all aspects of the subject of industrial medicine. The registration fee is $30 for physicians and allied health professionals and $20 for nurses. Write to Howard Schulz, 150 N. Wacker Drive, Chicago 60606.

Science Assembly Slated for April

A Science Assembly good for 22 hours Medical Education Credits with the AMA and American College of Emergency Physicians will be conducted on the University of Pennsylvania campus April 23 to 26 by the Pennsylvania Chapter of the College and the Emergency Department Nurses Association. Write to Rita Celmer, R.N., 2513 Brown St., Philadelphia 19130.

Cancer Conference in Colorado May 1-3

The National Conference on Advances in Cancer Management, Part II: Detection and Diagnosis, which will be held at the Denver Hilton May 1-3, will be open to all members and students of the medical and dental professions. Advance registration is requested. There is no registration fee. Accreditation by the American Medical Association and the American Academy of Family Physicians. Write Sidney L. Arje, M.D., 219 East 42nd St., New York 10017.

Announce Tenth Child Care Conference

The Tenth Annual Indiana Multidisciplinary Child Care Conference will be held at Stouffer's Indianapolis Inn on May 14 and 15, 1975.

The seminars and seminar leaders are: Dr. Leo Stern—Newborn; Dr. Victor Chernick—Pulmonary Disease; Dr. Ira Brandt—The Unusual Appearing Child; Dr. Paul Wehrle—Infectious Disease; Dr. John Schowalter—Hospital Care of the Adolescent; Dr. Andre Nahmias—Perinatal Infections; Dr. Joel Alpert—Primary Care; Dr. Sadja Goldsmith—Adolescent Sexuality: Consultations with the Physician or Nurse; and the banquet speaker, Dr. Marshall Klaus—Birthing and Mothering—1984.

For further information concerning the seminars and registration, contact Dr. Morris Green, 1100 West Michigan Street, Indianapolis 46202. ◄

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The Woman's Auxiliary Reports to ISMA



This month's guest columnist was asked to prepare a brief summary of medical legislation that is to be introduced in the 1975 General Assembly.

Mrs. Walker is chairman of our program extension committee on legislation and is the wife of a Muncie physician.

Warmly,

Beth Bowen

Mrs Otis R. Bowen, President

LEGISLATION 1975

The two bills proposed by the ISMA are the Medical Practice Act and the Patients' Compensation Act of Indiana.

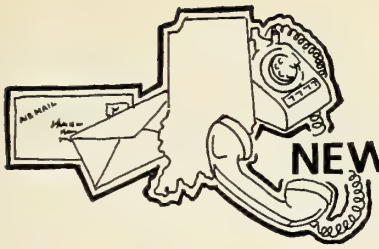
The Medical Practice Act would amend 1C 1971, 25, by adding a new article concerning professions and occupations as it relates to physicians. There are 34 changes and new provisions overall, and the provisions of special interest are those which:

1. Change the name of the Board to "Medical Licensing Board of Indiana."
2. Legalize Physician's Assistant but provides no license or independence.
3. Bring the requirements for domestic and foreign applicants in line with those of other states.
4. Add probation and suspension provisions.
5. Update the grounds for disciplinary action.
6. Provide injunctions for harmful practitioners.
7. Add a felony provision and stiff penalties for unlawful practice.
8. Provide injunction provision for unlicensed persons.

The high cost of malpractice insurance and the canceling of malpractice insurance policies have been a real concern among Indiana doctors, and the ISMA has conducted a thorough investigation of the problem. As a result, the Patients' Compensation Act is being introduced in the General Assembly.

It is a bill to establish a Patients' Compensation Board of Indiana to hear and determine claims for bodily injuries or death to patients as a consequence of tort or breach of contract by health care providers; to provide a schedule of compensation and benefits therefor which shall be exclusive; to establish rules, procedure, facilities to implement and accomplish the purposes of the Act; to guarantee the financial responsibility of health care providers and to provide sources for the funding of the administration of the Act.

Lois Walker
(Mrs. Jack M. Walker)
Indiana State Legislation Chairman



NEWS NOTES

Reports on Search for New Drugs

The Eli Lilly Research Report proudly outlines the record of the United States and its drug industry in the search for new drugs:

1. The U.S. drug industry spent more than $800 million last year on research and development.
2. The U.S. pharmaceutical companies are responsible for 92% of the medicines developed in this country.
3. U.S. drug firms discovered 520 new drugs in the past 30 years. Number two is Switzerland with 60.
4. The U.S. industry evaluates 8,000 chemical compounds for each new medicine introduced.
5. The U.S. drug companies invest five times as much of sales income on research as does American industry overall.
6. The drug industry pays for 99% of its research. The government pays for an average of 44% of research conducted by all other industries.
7. The Lilly company's financial commitment to discovery of new drugs represents one-tenth of the total U.S. industry outlay.

Charitable Trust Aids Medical Students

Dr. Alfred J. Kobak, Jr., in his President'c Address to the Porter County Medical Society in December reported on, among other society activities, the Charitable Trust. This committee was the first such committee to be formed in Indiana by a county medical society. Its purpose is to provide financial aid to medical and pre-medical students from Porter County. Loans and grants have been made to students who could not be accommodated by other funds or who developed a special need for assistance. The Porter County Society has received many inquiries from other county societies in regard to this most worthwhile project.

DEA Issuing Drug Enforcement Brochure

The Drug Enforcement Administration of the Department of Justice has begun publication of a quarterly brochure to be sent to the almost 500,000 facilities and individuals registered with the DEA. The title is *Registrant Facts.* All items of interest in the illicit and licit drug activities will be covered. The following item on Order Forms is quoted from the first issue:

Schedule II Order Forms

- Lost or stolen order forms should not be reported to the Registration Section of DEA, but to the following address:
 Drug Enforcement Administration
 Statistical and Data Services Division
 1405 I Street, N.W.
 Washington, D.C. 20537
- Registrants who wish to obtain more than three (3) Official Order Form books at one time must obtain approval from the DEA Regional Office serving their area, which, in turn, will forward the authorization to the Registration Section at DEA Headquarters in Washington (List of Regional Offices in this Newsletter).
- In order to *expedite requests* for Order Forms, registrants are asked to write the words "Order Forms" in large *red* letters on the front and back of the envelope in which they submit their request. If Order Form requests can be readily identified when they are received in the Registration Section, they can be processed faster.
- Order Forms list the controlled drug schedules which a registrant is authorized to handle. These schedules are:
 1 - All Schedule 1 substances
 2 - All Schedule 2 substances
 2N - Only Schedule 2 Non-narcotic substances
 3 - All Schedule 3 substances
 3N - Only Schedule 3 Non-narcotic substances
 4 - All Schedule 4 substances
 5 - All Schedule 5 substances

 Order Forms are only required for purchase or transfer of Schedule 1 or 2 substances, but the Order Form is printed with all authorized Schedules listed. A registrant authorized for only Schedules 3, 3N, 4 or 5 will not be issued Order Forms.

Dr. Snively Editor of AMEP-O-GRAM

The Alcohol Medical Education Program of Evansville publishes a bimonthly newsletter titled AMEP-O-GRAM. **W. D. Snively, Jr., M.D.,** is the editor.

Purdue Pharmacy School Highly Rated

The Purdue University School of Pharmacy and Pharmacal Sciences has received the second highest total of votes in a rating of pharmacy schools by the deans of 17 professional fields of study who responded to a questionnaire sent by Columbia University. Pharmacy school deans were asked to

Continued

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list the five schools they considered the best in their field. Purdue was mentioned 27 times by the 48 pharmacy deans responding. The only pharmacy school mentioned oftener was that of the University of California, which was included in the list of 32 deans.

New Fellows, Candidates Announced

The American College of Obstetricians and Gynecologists announces that **Dr. Davil G. Yahnke of Columbus** is a newly elected Fellow. Dr. Loran P. Petersen of Indianapolis is a candidate for Fellowship, and Drs. David R. Everetts and Paul E. Stroud of Indianapolis are candidates for Junior Fellowship.

Current Year's Officers Announced By Indiana Philippine Medical Association

The following have been named to serve as officers of the Indiana Philippine Medical Association for 1975:

President, Dr. Antonio B. Donesa, Fort Wayne; president-elect, Filemon Lopez, Dyer; vice-president (north), Uldarico Blando, Gary; vice-president (central), Antonio Recinto, Carmel; vice-president (south), Alejandro Pontaoe, Evansville; general secretary, Samson Cadiente, Indianapolis; treasurer, Jaime Salomon, Indianapolis.

Heads Radiological Society

Dr. John Beeler, Indianapolis, is now president of the Radiological Society of North America. Dr. Beeler is director of the department of Radiology, Winona Hospital, Indianapolis. He is also assistant professor of radiology at Indiana University School of Medicine and chairman of the Commission on Administrative Affairs of the American College of Radiology.

"Ratopolis" Film Offered

The National Film Board of Canada has produced a 16mm color film titled "Ratopolis" which summarizes and depicts all the facts about the brown Norway rat, one of the world's greatest pests. Running time is 56 minutes. The film is for sale and may be obtained for preview before purchase by contacting the Film Board, 16th Floor, 1251 Avenue of the Americas, New York City 10020.

Chart Compares Drug Prices, CLI Index

Pharmacists are distributing copies of a brochure, produced by the Indiana Pharmaceutical Association, to explain prescription prices and how they are determined, and to discuss operating cost and profit. The brochure also contains a line chart to compare retail drug prices, which are lower now than they were in 1964, and the general cost of living index, together with the cost of other components of medical service costs.

Venereal Disease

The Center for Disease Control of HEW has just published the latest treatment schedule for gonorrhea. Copies of the document may be obtained by writing a request to The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

Dr. Floyd Coleman Appointed

State Representative **Floyd B. Coleman, M.D.** (R-Waterloo), has been appointed by House Speaker Philip Bainbridge to serve on two House Standing Committees: Public Health and Environmental Affairs and Insurance and Corporations. Dr. Coleman served previously on the Public Health Committee from the 1969 session and through the 1974 session.

Dr. Wachob Heads Hospital Foundation

Dr. Tom W. Wachob, Jr., Kokomo, assumed the duties of president of the Howard Community Hospital Foundation Jan. 1. He has represented the medical profession on the foundation board for nearly seven years.

Hospital Medical Staffs Elect

New officers for the medical staffs of the following hospitals have been named recently:

Parkview Memorial Hospital, Fort Wayne—Dr. Marvin T. Priddy, president; Dr. Roger C. Smith, president-elect; Dr. Stephen H. Glassley, secretary-treasurer, and Dr. Lewis W. Knight, chairman of the executive committee.

St. Mary's Hospital, Evansville—Dr. Julian D. Present, president; Dr. Irvin L. Heimburger, vice-president, and Dr. Henry Leibundguth, secretary-treasurer. Also elected were the chiefs of the five major clinical services. They are: Dr. J. Ronald Waddell, surgery; Dr. Arthur Griep, medicine; Dr. Eugene W. Austin, pediatrics; Dr. Donald P. Cobb, obstetrics and gynecology, and Dr. E. DeVerre Gourieux, family practice.

Porter Memorial Hospital, Valparaiso—Dr. James R. Brown, president; Dr. Firouz Farahmand, president-elect, and Dr. Gregory Gates, secretary. Dr. John Crise will be the staff contact with the Board of Trustees.

Bloomington Hospital—Dr. Joseph Milan, chief of staff; Dr. Larry Ratts, chief of staff-elect; Dr. William Pugh, chief of surgery; Dr. Roger Robison, chief of medicine, and Dr. James Schaffer, chief of obstetrics-gynecology-pediatrics. Dr. James Booze is the new secretary.

Others Choose Officers

St. Mary Hospitals in Gary and Hobart—Dr. Alexander S. Williams, president; Dr. Robert Martino, president-elect; Dr. Srbislav Brasovan, treasurer, and Dr. John King, secretary. Elected staff representatives were: Dr. Jerold N. Chip and Dr. David Ross. Dr. C. O. Davidson and Dr. R. R. Barton were elected to the medical audit committee.

St. Joseph's Hospital, Fort Wayne—Dr. Jack W. Patterson, president; Dr. Donald J. Parrot, president-elect, and Dr. Michael L. McArdle, secretary-treasurer.

Home Hospital, Lafayette—Dr. William J. Miller, president; Dr. J. Edward Wagoner, president-elect, and Dr. James T. Poulos, secretary-treasurer. New section chiefs are: Dr. John C. Scanlon, medicine; Dr. Roger E. Bosley, Ob-Gyn; Dr. Marc Ralston, surgery, and Dr. Alan A. Alexander, pediatrics.

St. Vincent Hospital, Indianapolis—Dr. J. Hal Doran, president; Dr. Robert F. Nagan, vice-president, and Dr. Thomas J. Lord, secretary-treasurer.

Memorial Hospital, Michigan City—Dr. Leonard G. Paul, president; Dr. Windham Bremer, president-elect, and Dr. Maurice M. Miller, secretary-treasurer. Serving on the executive committee are: Drs. Raymond J. O'Brien, Reuben Balinao, Stephen E. Kroczek and Bienvenido V. Ticsay.

St. Francis Hospital, Beech Grove—Dr. John D. MacDougall, president; Dr. Dennis J. Nicholas, vice-president, and Dr. Frank W. Fortuna, secretary-treasurer.

Named to New Hospital Post

Dr. Jacob E. Pruitt, Merrillville, has been appointed to the newly created position of director of medical affairs for St. Mary Medical Center, Gary. Dr. Pruitt is an associate member of the faculty of Indiana University Northwest and has been associated with the Ross Clinic since 1963.

Dr. Smith Elected Pediatric Fellow

Dr. Jerrold R. Smith, Indianapolis, has been elected to Fellowship in the American Academy of Pediatrics.

$10,000 Gift Honors Dr. Paul S. Rhoads

A $10,000 gift to Reid Memorial Hospital, Richmond, honoring **Dr. Paul S. Rhoads,** director of medical education, has been announced. The gift was designated to be used for the Wallace Medical Education Center by the donor, Kenneth F. Montgomery, a Chicago lawyer who is a long-time friend, patient and golf partner of Dr. Rhoads.

County Health Officers Named

Dr. Frank J. Kendrick, a retired Goshen physician, has been hired as interim health commissioner with the Elkhart County Health Unit, and **Dr. Neil R. Harris,** also of Goshen, has been appointed to membership on the Board.

Dr. Marvin L. McClain, Scottsburg, has again been approved by the Scott County commissioners to serve as county health officer for a four-year period.

Dr. Meredith B. Gossard, Tipton, has been appointed to the Tipton County Health Board, and **Dr. Destry Lambert** became the county health officer on Jan. 1.

Dr. L. S. Bailey, Zionsville, has been named Boone County health officer, succeeding **Dr. Robert N. Coons,** who resigned after holding the post for eight years.

Named to Hospital Authority

Dr. David W. Haines, Warsaw, has been appointed by the judge of the Kosciusko Circuit Court to a vacancy on the county hospital authority. He succeeds **Dr. William C. Parke,** who resigned recently.

Honor for Dr. Fred F. Shepard

The new medical library at the McCullough-Hyde Hospital will be named in honor of **Dr. Fred F. Shepard, College Corner, Ohio,** in recognition of his many years of dedicated service to his patients, the hospital and community. He is a Senior Member of the Indiana State Medical Association.

Annual Meeting Dates Changed

President Gilbert M. Wilhelmus has announced that the 1975 Annual Meeting, which will be held at French Lick Sheraton, will be held on Monday, Tuesday and Wednesday, Oct. 20, 21 and 22, instead of the dates previously announced.

Cancer Research Grants Awarded

Among recipients of grants for 1975 announced recently by the Little Red Door, Marion County Cancer Society, Inc., were the following:

St. Vincent Hospital, $7,000 for four projects being conducted by **John A. Cavins, M.D.,** director, department of hematology-oncology, and **Hans E. Geisler, M.D.,** director, division of gynecologic oncology.

I.U. School of Medicine, $8,000 for **Lawrence H. Einhorn, M.D.,** associate professor of internal medicine, department of hematology-oncology; $4,500 for **Clarence E. Ehrlich, M.D.,** chief of section on gynecologic oncology.

Methodist Hospital, $1,500 for **Eugene D. VanHove, M.D.,** associate radiologist, department of nuclear medicine.

Other awards went to the I.U. School of Dentistry, $7,000; United Ostomy Association, Inc., Indianapolis Chapter, $144.20; Planned Parenthood Association, $6,000; Visiting Nurse Association, $15,000, making a total of $49,144.20 in medical grants for 1975.

Dr. Dillon Heads Medical Unit

Dr. James C. Dillon, Indianapolis, has been elected chairman of the Indiana Emergency Medical Services Commission, replacing **Dr. John Farquhar, Fort Wayne,** who recently accepted a teaching position at a Florida medical center. **Dr. William R. Greene, Henryville,** was elected to the newly created post of commission vice-chairman.

Dr. Dyer Discusses Dialysis

Dr. John K. Dyer, supervisor of the Lutheran Hospital's new Renal Unit, discussed "Dialysis" at a recent meeting of the Fort Wayne Academy of Medicine and Surgery.

AAFP Names Dr. Pfeifer to Fellowship

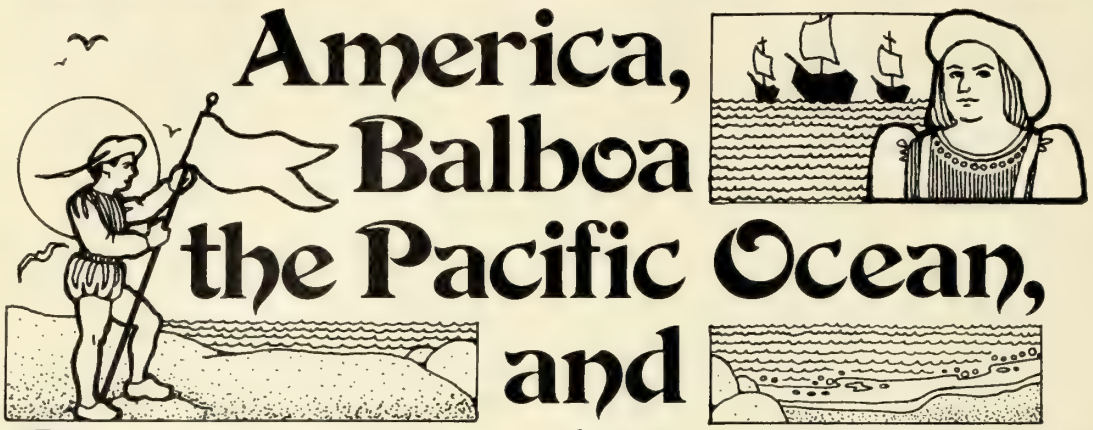
Dr. James F. Pfeifer, Lawrenceburg, has been named a Fellow of the American Academy of Family Physicians, according to a recent announcement.



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What's New?

The University of Michigan Media Library is a continuing education system for doctors. It consists of slide-film lectures which are sent to subscriber institutions such as hospitals. Each provides about 20 minutes of instruction. Each one is accompanied by a self-test. Facilities needed by the viewer are a slide projector, tape recorder, a white wall, darkened room and 110-volt electrical outlet.

* * *

Squibb announces approval for marketing by FDA of HALOG Cream, a new agent for treatment of psoriasis and other steroid responsive skin diseases. It contains a new synthetic corticosteroid, Halcinonide. The preparation has produced 75% "excellent-good" responses in psoriasis.

* * *

An instant reference wall chart giving emergency procedures and hazardous properties for dangerous chemicals has been introduced by General Scientific Equipment Company. It has metal mountings for hanging. The type is large for easy reading. Rapid access to vital information is aided by color coding. Ideal for emergency departments.

* * *

Boehringer and Ingelheim has just released Catapres (clonidine hydrochloride), a new antihypertensive whose mechanism of action appears to be central alpha-adrenergic stimulation. The drug acts rapidly and reduces blood pressure within 30 to 60 minutes after oral dosage. Orthostatic effects are mild and infrequent.

* * *

Eaton is introducing a flavor packet system to the Vivonex® elemental diets. The packets, in flavors of orange, grape, strawberry, beef broth, vanilla and chocolate, come in dispenser boxes of 60 packets. Each packet is sufficient to flavor one service of Vivonex Unflavored Diet. The system will reduce inventory and allow minimal investment.

* * *

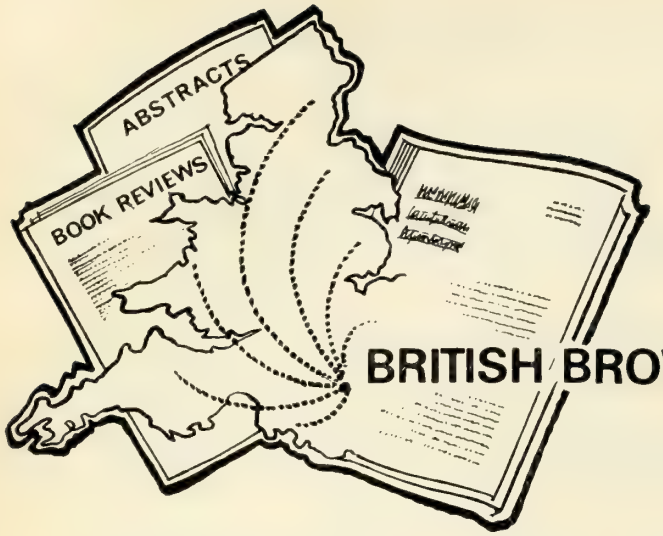
Behavioral Publications has released a book "Adolescent Patients in Transition: Impact and Outcome of Psychiatric Hospitalization." It deals with a psychiatric program for the adolescent and its impact on the lives of seriously disturbed young people. 202 pages, $9.95.

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BRITISH BROWSINGS

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Some Lung Functions

MAN has attempted to understand the lung and its functions for many centuries. Concerning the lung, Leonardo da Vinci wrote: ". . . since there is no vacuum in nature the lung which touches the ribs from within must necessarily follow their expansion; and the lung therefore opening like a pair of bellows draws in the air in order to fill the space so formed."[1]

More recently, the complex and dynamic nature of the lung was emphasized in an article describing the lung's multiple functions. The author pointed out that, in addition to being the organ responsible for oxygen and carbon dioxide exchange, other "gaseous substances," such as, "inhalational anaesthetic agents . . ., products of metabolism such as acetone, and other substances such as ethyl alcohol, pass freely from the blood to the breath and vice versa. Further, about 10% of the blood volume is contained in the pulmonary circulation, and it may be redistributed as a result of mechanical factors such as the Valsalva manoeuvre and of vasoactive reflexes."

As a sieve, the lung clearly plays an important role in protecting organs such as the brain and kidney. It was noted that, "emboli such as fibrin clots, fat, bone marrow, placental tissue, and other debris are regularly trapped in the lungs and may be cleared by the action of proteolytic enzymes and phagocytosis."

The authors pointed out that the biosynthesis of surfactant is another important function of the lungs; without its effect on surface tension alveoli would tend to collapse at low lung volumes.

"The lungs," they continued, "are one of the richest sources of cofactors that either promote (thromboplastin) or inhibit (heparin) blood coagulation. In addition they contain an activator that converts circulating plasminogen to the proteolytic enzyme plasmin. A balance of these factors is responsible for the fluidity of the blood."

From among a number of biochemical functions mentioned in the article, the authors stated, "the lungs are also concerned in the storage, transformation, and degradation of amines brought from elsewhere in the body," and that, "there is ample evidence that enzymes are present in the lungs and as such are responsible for modifying circulating compounds and producing less active or more active substances."[2]

Respiratory Complications of Obesity

According to a recent British article, overweight people often develop abnormalities in pulmonary function in the absence of primary lung disease. In most obese persons the pulmonary changes are trivial, but in others, severe abnormalities may develop. "Oxygen consumption and carbon dioxide production are greater than normal in the obese . . ., and the total work of breathing is increased, due mainly to reduced chest wall compliance"; moreover, the functional residual capacity is low, which leads to low ventilation-perfusion ratios in the basal regions, more marked in the supine position. "Nevertheless," the author continued, "in spite of the presence of hypoxaemia, most obese persons can maintain a normal level of alveolar ventilation and a normal arterial carbon dioxide tension."

The association of obesity, episodic somnolence, hypoventilation and cor pulmonale is often referred to as the Pickwickian syndrome. "This syndrome," the author wrote, "occurs in some 10% of obese subjects; in addition to hypoxaemia and abnormalities of thoracic mechanics there is alveolar hypoventilation and hypercapnia, and it is this finding that distinguishes the syndrome from the pulmonary consequences of simple obesity."[3]

Ventilation—Perfusion Lung Scanning for Pulmonary Emboli

"For clinical purposes," according to Olwen Williams, et al., "a normal perfusion scan excludes a pulmonary embolus. The converse

is far from true, as other lung diseases can cause alteration of pulmonary perfusion. Clinically these conditions (pneumonia, effusion, etc.) are often apparent on the chest x-ray film. Abnormal perfusion associated with normal chest x-ray appearances, however, may also be found in chronic obstructive airways disease and asthma. It is in this group that an improved technique is required."

Noting that in pulmonary embolism a ventilation—perfusion discrepancy (normal ventilation and impaired perfusion) occurs, the authors at St. Thomas Hospital, London, developed a clinical study to examine the clinical value of this discrepancy.

Perfusion images were obtained by using macroaggregated albumin labelled with ^{99m}Tc. Gaseous ^{133}Xe was used for ventilation imaging. The combined scans took 20 minutes. The authors performed 100 combined ventilation—perfusion lung scans on patients with pulmonary problems and assessed the results in relation to the final diagnosis.

"Out of 18 patients with ventilation—perfusion discrepancy," they reported, "14 had a final diagnosis of pulmonary emboli, whereas in none of the 34 patients without the discrepancy was this final diagnosis made."

The authors concluded "that combined ventilation—perfusion lung scanning distinguishes pulmonary emboli from other lung conditions such as asthma and bronchitis which cause impaired pulmonary perfusion. The false-positive rate was only 4% overall and 7.7% in patients with perfusion defects."[4]

REFERENCES

1. Strauss, M.B. (ed): *Familiar Medical Quotations,* Little, Brown and Co., Boston, 1968, p. 46.
2. Filtering Aspects of Lung Function, editorial, *Brit. Med. J.* 2:681. 1974.
3. Respiratory Complications of Obesity, editorial, *Brit. Med. J.* 2:519-520, 1974.
4. Williams, O., Lyall, J., Vernon, M., Croft, D.N.: Ventilation-Perfusion Lung Scanning for Pulmonary Emboli, *Brit. Med. J.* 1:600-602, 1974.

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—December 1974

Disease	Dec. 1974	Nov. 1974	Oct. 1974	Dec. 1973	Dec. 1972
Animal Bites	460	623	981	362	382
Chickenpox	341	368	139	281	647
Conjunctivitis	150	177	186	261	134
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	103	95	75	44	79
Gonorrhea	1037	1427	986	794	912
Impetigo	86	180	265	192	105
Infectious Hepatitis	20	83	47	34	44
Infectious Mononucleosis	105	167	78	125	83
Influenza	4319	3456	3488	2691	3041
Measles					
Rubeola	12	18	15	24	44
Rubella	14	23	31	22	28
Meningococcic Meningitis	2	2	2	2	0
Meningitis, Other	6	4	3	9	2
Mumps	226	206	36	210	89
Pertussis (Whooping Cough)	1	6	6	3	3
Pneumonia	338	436	434	496	334
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1133	1195	1054	1164	2190
Syphilis					
Primary & Secondary	15	26	13	10	15
All Other Syphilis	107	107	75	70	65
Tinea Capitis	11	49	20	14	2
Tuberculosis (Active)	58	50	46	44	48

New Members

The Journal welcomes the following new members of the Indiana State Medical Association and of the county society indicated.

DEARBORN-OHIO
Stephen J. Burst, M.D., 370 Bielby Road, Lawrenceburg 47025

JACKSON
Mark M. Bevers, M.D., 519 Manor Drive, Seymour 47274

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Larry Neil Monn, M.D., 5626 E. 16th St., Indianapolis 46218
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Paul Stewart, M.D., 740 E. 52nd St., Indianapolis 46205
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Gary C. Williams, M.D., 5941 E. 30th St., Indianapolis 46218
Robert M. Worth, M.D., 1100 W. Michigan St., Indianapolis 46202
Elliott A. Yolles, M.D., 50 E. 91st St., Indianapolis 46240

ST JOSEPH
James L. Grainger, M.D., 919 E. Jefferson Blvd., South Bend 46622

VANDERBURGH
Kenneth L. Nachtnebel, M.D., 611 Harriet St., Evansville 47710

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 14-19, 1975
Place Atlantic City, N.J.

INDIANA CHAPTER, AMERICAN COLLEGE OF SURGEONS
Date Apr. 30-May 3, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS, INC., STATE OF INDIANA
Date Apr. 25-27, 1975
Place Clarksville

AMERICAN LUNG ASSOCIATION OF INDIANA
Date Apr. 28-30, 1975
Place Marriott Inn, Indianapolis

UNITED CEREBRAL PALSY OF INDIANA, INC.
Date Mar. 6-8, 1975
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS
Date Apr. 6, 1975
Place Holiday Inn West, West Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE NURSES ASSOCIATION
Date Oct. 16-18, 1975
Place Atkinson Hotel, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date Oct. 20-22, 1975
Place French Lick Sheraton

INDIANA DENTAL ASSOCIATION
Date May 10-13, 1975
Place Indiana Convention-Exposition Center, Indianapolis

INDIANA ORTHOPAEDIC SOCIETY
Date Apr. 11-12, 1975
Place Michigan City

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, INC.
Date Apr. 30-May 2, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

INDIANA HEALTH CAREERS, INC.
Date Apr. 10, 1975
Place Stouffers Indianapolis Inn

County, District News

Third District

Dr. Claude J. Meyer, Jeffersonville, will again serve as president of the Third Trustee District, with Dr. Charles X. McCalla, Paoli, as secretary and treasurer. Dr. John Paris was re-elected representative to the Blue Shield Board of Directors, and Dr. Thomas Neathamer was elected alternate delegate.

Eighth District

Jay County will host the annual meeting of the Eighth District. It will be held in Portland on June 4.

Ninth District

At the meeting of the Ninth District held Dec. 12 at Remington it was decided to hold the next meeting at the Curtis Creek Country Club, Rensselaer, on June 12.

Election was held with the following result: Dr. Arthur Schoonveld, Brook, was elected president, and Dr. Kenneth Ahler, Rensselaer, secretary-treasurer.

Drs. William Sholty, Lafayette, and Peter R. Petrich, Attica, gave reports, the former as district trustee, and the latter as alternate delegate to the American Medical Association.

Tenth District

Officers who will lead the Tenth District this year were elected at the September meeting. They are: Dr. J. M. Siekierski, Griffith, president; Dr. James R. Brown, Valparaiso, secretary-treasurer; Dr. Martin J. O'Neill, trustee; Dr. Leonard W. Neal, Munster, alternate trustee.

Eleventh District

Plans have been made to hold the annual meeting of the 11th Trustee District on Sept. 17, 1975, at Delphi.

Officers who will serve for the current year were elected at the annual meeting in September. They are: Dr. George Wagoner, Delphi, president; Dr. Fred Poehler, LaFontaine, secretary-treasurer; Dr. Lloyd Hill, Peru, alternate trustee, and Dr. Don Wagoner, Burlington, Blue Shield board member.

Twelfth District

Dr. Robert Edwards, Auburn, was elected president; Dr. Karl Schlademan, Fort Wayne, vice president; Dr. Thomas Felger, Fort Wayne, secretary-treasurer; Dr. Alvin J. Haley, Fort Wayne, trustee; Dr. Franklin Bryan, alternate trustee.

Thirteenth District

Dr. John Hildebrand, South Bend, president; Dr. John Luce, Michigan City, president-elect; Dr. David Spalding, Mishawaka, secretary-treasurer; Dr. G. Beach Gattman, trustee.

Allen

Recent speakers at the meetings of the Fort Wayne Medical Society have been Dr. John P. Donohue, Indianapolis, whose topic was "Management of Urinary Tract Infection," and Professor Gene D. Phillips, Fort Wayne, whose speech was entitled "Bringing Up Children Well."

At the Dec. 3 meeting, which was combined with the IAFP Road Show, Dr. David Johnloz, Bloomington, spoke on "Colposcopy" and "Approach to Colon Polyps."

Carroll

Dr. John L. Horvath, Jr., Lafayette, spoke at the meeting of the Carroll County Medical Society held on Nov. 20 at St. Elizabeth's Hospital, Lafayette. His subject was the new x-ray equipment the Cancer Society had helped to purchase.

Clark

At the Nov. 19 meeting of the Clark County Medical Society Dr. Thomas A. Neathamer, Jeffersonville, gave a financial report on the local anti-PSRO organization, stating that there was a balance of available funds in the amount of $545.29. It was moved, seconded and unanimously carried that this balance be forwarded to the Association of American Physicians and Surgeons for use in their court battle against PSRO.

Twenty-six members were present.

A program on "Deep Sleep and Depression" was presented by the Pfizer Company at the September meeting.

Dearborn-Ohio

Dr. Howard Jackson, Madison, Fourth District trustee, was the speaker at the December meeting of the Dearborn-Ohio County Medical Society. His topic was "Medical Liability." Fourteen members were present.

At the November meeting, Robert Schoenner of the A. H. Robins Company spoke on obesity.

Elkhart

Dr. Donald E. Wood, Indianapolis, former trustee of the American Medical Association, spoke on his recent trip to Red China when the Elkhart County Medical Society met Dec. 5 at the Elcona Country Club.

"Preoperative Evaluation of the Surgical Patient" was the title of the talk given at the November meeting by Dr. Jacoby, chairman of the Department of Anesthesiology, Jefferson Medical School, Philadelphia.

Fayette-Franklin

Dr. William D. Ragan, Indianapolis, associate professor of obstetrics-gynecology at the Indiana University Medical Center, was the speaker at the Nov. 12 meeting of the Fayette-Franklin County Medical Society.

Fountain-Warren

A social evening was enjoyed by members of the Fountain-Warren County Medical Society and their wives on Dec. 6 at the Hotel Attica. Six couples attended.

Huntington

Twenty-nine members were in attendance at the December meeting of the Huntington County Medical Society. The speaker was Dr. William Cast, Fort Wayne, chairman of the ISMA ad hoc Committee on Professional Liability.

At the October meeting the speaker was Dr. Charles H. Aust, Roanoke, spoke on "Glomerulonephritis," and Dr. Paul E. Doermann gave a report on the annual meeting of the State Medical Association.

Madison

Mr. Robert Hays was the speaker at the November meeting of the Madison County Medical Society; he discussed various ways to counsel patients with sex problems.

A motion was made during the business meeting that followed to have four business meetings and four scientific meetings per year. This was seconded and passed.

Election was held (results reported

elsewhere on this page) and Dr. Richard Ingram, trustee for the Eighth District who is also chairman of the Board of Trustees, reported on the position of the Indiana State Medical Association on PSRO. He also discussed the personal liability insurance problem.

At the September meeting Dr. Joe E. Gahimer reported that the society had given the Anderson College Nursing Program $5,000, which will be matched by the Eli Lilly Endowment. Fifty-two were in attendance to hear Dr. Julius Goodman, Indianapolis, who spoke on "Surgery on the Pituitary Gland."

Shelby

Dr. Robert K. Silbert, who is specializing in rehabilitation and physical medicine at Methodist Hospital, Indianapolis, was the speaker for a recent meeting of the Shelby County Medical Society. His topic was "Management of Strokes."

Vanderburgh

"A Rap at the Generation Gap" was the title of the talk given by Dr. David G. Crane at the annual Law-Med Dinner for Evansville doctors and lawyers and their wives, held Nov. 13.

Wayne-Union

At a recent meeting of the Wayne-Union County Medical Society members heard Dr. Irving M. Bush, clinical professor and chairman of the Division of Urology, University of Chicago Medical School, speak on new approaches to prostatic disease.

Election of Officers

Officers have recently been elected by a number of county medical societies, as follows:

Cass

Dr. Jay M. King, president; Dr. Richard L. Glendening, vice-president; Dr. Joseph S. Bean, secretary; Dr. Glendening, delegate; Dr. Robert H. Maschmeyer, alternate.

Delaware-Blackford

Dr. John F. Cooper, Muncie, president; Dr. David M. Dersch, also of Muncie, secretary.

Elkhart

Dr. Dan O. Troyer, Goshen, president; Dr. Thomas A. Elliott, Elkhart, president-elect; Dr. Page E. Spray, Elkhart, secretary; Drs. Willard S. Krabill, Goshen, and James R. Miller, Wakarusa, delegates; Drs. Donald L. Minter, Goshen, and John B. Collins, Elkhart, alternates.

Hamilton

Dr. Eunice Carter, president; Dr. Doyle Manhart, vice-president; Dr. John Haywood, secretary-treasurer; Dr. Adrian Lanning, delegate; Dr. Joe Lloyd, alternate delegate. Dr. Manhart is of Sheridan; the others, of Noblesville.

Henry

Dr. Mark E. Smith, president; Dr. Calvin N. Steussy, vice-president; Dr. Donald E. Vivian, secretary. All are of New Castle.

Howard

Dr. Milo Sekulich, president; Dr. John Quakenbush, first vice-president; Dr. Alan J. Adler, second vice-president; Dr. George M. Reul, secretary; Dr. Jack W. Higgins, delegate, and Dr. R. P. Miethke, alternate. All are of Kokomo.

LaPorte

Dr. Rodney A. Mannion, president; Dr. Edward Mladick, vice-president, and Dr. William A. Stark, secretary. Orville Schumm is the new executive secretary of the society.

Lawrence

Dr. Guy H. Waldo, president; Dr. Z. S. Sangalang, president-elect; Dr. E. D. Luddington Bennett, secretary.

Madison

Dr. Suel Sheldon, president; Dr. Ted Doles, president-elect; Dr. Kenneth E. Schemmer, secretary; Dr. Ralph Reynolds, delegate; Dr. Gerald Irwin, alternate; Dr. William Tierney will serve on the Board of Censors for a three-year term.

Shelby

Dr. William L. Green, president; Dr. Elisao T. Banguis, secretary; both are of Shelbyville.

Starke

Dr. Robert Goode, president; Dr. Earl L. Leinbach, secretary; Dr. W. Allen Palmer, delegate; Dr. Herbert C. Ufkes, alternate delegate. Drs. Goode and Palmer are of Knox; Dr. Leinbach of Hamlet, and Dr. Ufkes of North Judson.

Steuben

Dr. Donald G. Mason, president; Dr. Robert Barton, vice-president; Dr. John Hartman, secretary; Dr. R. Wyatt Weaver, delegate; Dr. Dean B. Jackson, alternate. All are of Angola.

Wabash

Dr. Wilbur D. McFadden, North Manchester, president; Dr. Philip C. Ferguson, Wabash, secretary.

THE COLDEST PLACE on the earth inhabited by man is Berkhoyansk, above the Arctic Circle, in Northwestern Siberia. The thermometer there drops to 90 degrees below zero in January, but sometimes rises to 86 in July, dropping to the freezing point on the warmest nights. The hottest place in the world is Death Valley, California, where the thermometer has reached 150 degrees. The wettest place is Greytown, Nicaragua, where the mean annual rainfall is 260 inches. The place of least rain is Port Nolloth, South Africa, one inch a year.

Deaths

James W. Anderson, M.D.

Dr. James W. Anderson, 67, a practicing physician in Indianapolis since 1937, died in Methodist Hospital Nov. 4.

He obtained his medical degree at Meharry Medical School in 1936 and interned at the old Indianapolis City Hospital; he served in the Army Medical Corps during World War II. He was a former Marion County deputy coroner.

Dr. Anderson was a member of the Aesculapian Medical Society, the Marion County Medical Society and the American Medical Association.

Don F. Cameron, M.D.

Dr. Don Franklin Cameron, Angola, died Dec. 18 at St. Petersburg, Fla., at the age of 85.

A 1913 graduate of Johns Hopkins University Medical School, Dr. Cameron was a surgical intern at Brady Urological Clinic in Baltimore and then went to the University of Minnesota where he was a teaching fellow and resident in surgery from 1915 to 1919. In 1917 and 1918 he served with the Navy Reserves during World War I.

He maintained offices in Angola and Fort Wayne for a number of years, also practicing in Bryan, Ohio. In 1927 Dr. Cameron founded the Angola Cameron Hospital and in 1936 he founded the Bryan Cameron Community Hospital.

Dr. Cameron was a founding member of the American Board of Surgery, a Fellow of the International College of Surgeons and served as an Indiana delegate to the American Medical Association for 15 years. He was also chairman of the Section on Surgery in 1935 and served as president of the Fort Wayne Medical Society and of the Tri State area medical group. He was a Senior Member of the ISMA.

Ernest L. Dietl, M.D.

Dr. Ernest L. Dietl, Sr., South Bend otolaryngologist, died at his home Sept. 25. He was 65.

A graduate of the Indiana University Medical School with the class of 1933, Dr. Dietl interned and held a residency at the old Indianapolis City Hospital.

He was a member of the St. Joseph County Medical Society, the American Medical Association and was a diplomate of the American Board of Otolaryngology.

Jordi Gaton, M.D.

Dr. Jordi Gaton, Milan, died Sept. 7 at Margaret Mary Community Hospital, Batesville. He was 49.

A native of the Dominican Republic, Dr. Gaton graduated from the University of Santo Domingo Medical School in 1954, interned at St. Mary's Hospital, Hoboken, N.J., and was a resident in urology at Mary Immaculate Hospital, New York City, from 1956 to 1959. He was licensed to practice medicine in Indiana in 1971.

Dr. Gaton was a member of the Ripley County Medical Society and the American Medical Association.

Lester H. Hopkins, M.D.

Dr. Lester H. Hopkins, 76, who practiced at Versailles for 40 years, died Nov. 21 at the Hanover Nursing Home.

He was graduated from the medical school at the University of Louisville in 1928 and did postgraduate work at Shurly Hospital, Detroit.

Dr. Hopkins held memberships in the Ripley County Medical Society and the American Medical Association and was a Senior Member of the Indiana State Medical Association.

George E. Iterman, M.D.

Dr. George E. Iterman, a practicing physician in New Castle for 50 years until his retirement in January 1969, died at his home Oct. 5. He was 85.

Following his graduation from St. Louis University Medical School in 1913 and an internship in St. Louis, Dr. Iterman began his medical career as a country doctor in Griggsville, Ill., in 1915. After a term of service with the Army Medical Corps in World War I, he opened an office in New Castle in 1919. He also saw service with the Army in World War II.

A Senior Member of the Indiana State Medical Association, he also belonged to the Henry County Medical Society and the American Medical Association.

Myron S. Kennedy, M.D.

Dr. Myron S. Kennedy, Goshen, died at Goshen General Hospital Sept. 21 at the age of 43.

He was a graduate of the Indiana University School of Medicine with the class of 1957, interned at Marion County General Hospital and then spent two years working with the Navajo Indians under the auspices of the United States Public Health Service at Crown Point, N.M.

Dr. Kennedy had been in practice at Goshen since 1960 and was a member of the Elkhart County Medical Association and the American Medical Association.

William A. Kurtz, M.D.

Dr. William Andrew Kurtz, Tipton, died Sept. 6 at Methodist Hospital, Indianapolis. He was 57.

A 1942 graduate of the Indiana University School of Medicine, Dr. Kurtz had spent his entire 32-year medical career at Tipton.

Dr. Kurtz had served a number of times as president and secretary of the Tipton County Medical Society and was a member of the American Medical Association.

James F. Larrabee, M.D.

Dr. James F. Larrabee, Munster, died Oct. 27 at the age of 59.

He was a 1938 graduate of the University of Iowa Medical School, interned at Santa Clara County Hospital, California, and was a resident in radiology at the University of Pennsylvania.

He was licensed to practice in Indiana in 1947 and was a diplomate of the American Board of Radiology and a member of the Lake County Medical Society and the American Medical Association.

Byron N. Lingeman, M.D.

Dr. Bryon N. Lingeman, 80, Crawfordsville, died Sept. 4 in Culver Hospital.

A graduate of the Indiana University School of Medicine, Dr. Lingeman interned at Philadelphia General Hospital and studied further at New York Eye and Ear Infirmary and in Vienna, Austria.

Dr. Lingeman was a member of the American Academy of Ophthalmology and Otolaryngology and was a former president of the Indiana Academy.

During World War I he served in the Army Medical Corps. He was formerly a member of the Montgomery County Medical Society and the American Medical Association.

Michael F. McGrath, M.D.

Dr. Michael F. McGrath, Indianapolis, died Oct. 24 at his home. He was 53.

A graduate of the Indiana University School of Medicine, Dr. McGrath interned at Methodist Hospital and was on the medical staff at Methodist, Community, Winona and St. Francis hospitals. He served with the U.S. Army in World War II and also served one year aboard the hospital ship HOPE.

Dr. McGrath was a member of the Marion County Medical Society, the American Academy of Family Practice and the American Medical Association.

Maurice H. Mentendiek, M.D.

Dr. Maurice H. Mentendiek, 68, Indianapolis anesthesiologist, died Oct. 28 in Methodist Hospital.

A 1939 graduate of the Indiana University Medical School, he interned at Methodist Hospital and was Indiana licensed in 1939. Dr. Mentendiek specialized in anesthesiology 30 years, retiring in 1969. He was also a plant physician with International Harvester 29 years.

Dr. Mentendiek was a member of the Marion County Medical Society and the American Medical Association.

Edward G. Neidballa, M.D.

Dr. Edward G. Neidballa, 67, retired Bristol physician, died Sept. 23 in Elkhart General Hospital.

A graduate of Northwestern University Medical School, Dr. Neidballa interned at City Hospital, Cleveland.

He was a veteran of World War II and a member of the Elkhart County Medical Society and the American Medical Association.

Jack G. Oatman, M.D.

Dr. Jack G. Oatman, Fort Wayne, died Oct. 21 in Byron Health Center. He was 64.

He was a 1936 graduate of the University of Michigan Medical School and interned at Henry Ford Hospital, with residencies at Veterans Administration Hospitals in Pittsburgh, Pa., and Marion, Ind. He was Indiana licensed in 1950.

Dr. Oatman had resided in Fort Wayne 12 years and was a World War II veteran. He was certified by the American Board of Psychiatry and Neurology and was a member of the Allen County Medical Society, the American Psychiatric Association and the American Medical Association.

Samuel Richter, M.D.

Dr. Samuel Richter, Gary, died at home on Nov. 17. He was 60. A Gary resident for 54 years, he practiced at the Ross Clinic.

He obtained his medical education at the Indiana University School of Medicine, graduating in 1939, and interned at Los Angeles and was a resident at a New Orleans hospital from 1951 to 1954.

Dr. Richter was a member of the American Urological Association and was a diplomate of the American Board of Urology. A member of the medical staff of St. Mary and Methodist hospitals in Gary and St. Anthony Hospital, Crown Point, Dr. Richter was a member of the Lake County Medical Society and the American Medical Association.

John P. Scherschel, M.D.

Dr. John P. Scherschel, 59, Bedford, died in his office Oct. 16.

Following graduation from the Indiana University School of Medicine in 1941, Dr. Scherschel interned at Indianapolis General Hospital and was Indiana licensed in 1941.

He had been a practicing physician in Bedford since 1946, having begun practice there following four years of military service in World War II.

Long active in mental health organizations, in 1972 Dr. Scherschel was named physician of the year by the Indiana Mental Health Association. He was a member of the Lawrence County Medical Society and the American Medical Association.

Tom S. Shields, M.D.

Dr. Tom S. Shields, Richmond, died Oct. 1; he was 69 years of age.

Long active in county and state medical organization affairs, Dr. Shields served as president and secretary of the Wayne County Medical Society and as delegate in 1971 and 1972; he also served on the Commission on Governmental Medical Services for four years.

He was graduated from the Indiana University School of Medicine in 1938 and interned at General Hospital, Indianapolis, where he also served a residency in otolaryngology. He was certified by the American Board of Otolaryngology and was a member of the American Medical Association.

Francis E. Stout, M.D.

Dr. Francis Eugene Stout, 54, Muncie, died Oct. 20 at home. He opened an office for private practice in Muncie in 1953 and was appointed to the teaching staff of the Indiana University School of Medicine.

A 1944 graduate of the Indiana University School of Medicine, Dr. Stout interned at Grace Hospital, Detroit, Mich., and was a resident in obstetrics and gynecology at the Indiana University Medical Center and also at the University of Chicago Lying-In Hospital.

Dr. Stout was a captain in the Army Medical Corps in World War II, serving in the Pacific Theater.

He served as a member of the House of Delegates in 1959 and 1960 and was on the Commission on Convention Arrangements for many years, resigning in 1968.

A member of the Delaware-Blackford County Medical Society, Dr. Stout was also a member of the American Medical Association; He was a Fellow of the American College of Obstetricians and Gynecologists and a diplomate of the American Board of Obstetrics and Gynecology.

Richard B. Stout, M.D.

Dr. Richard B. Stout, Elkhart, died Sept. 23 in Elkhart General Hospital. He was 72.

He graduated from Boston University School of Medicine in 1927 and served his internship at Madison, Wis., coming to Elkhart in 1932. He was an orthopedic surgeon in private practice and retired in 1960.

From September 1942 to September 1945 he served in the Army Medical Corps. His tour of duty included Alaska and the Aleutian Islands.

A member of the staff at Elkhart General for 25 years, Dr. Stout served as chief of staff in 1952. He was a Fellow of the American College of Surgeons and a member of the American Medical Association and the Elkhart County Medical Society. ◄

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of **The Journal**. Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

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NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

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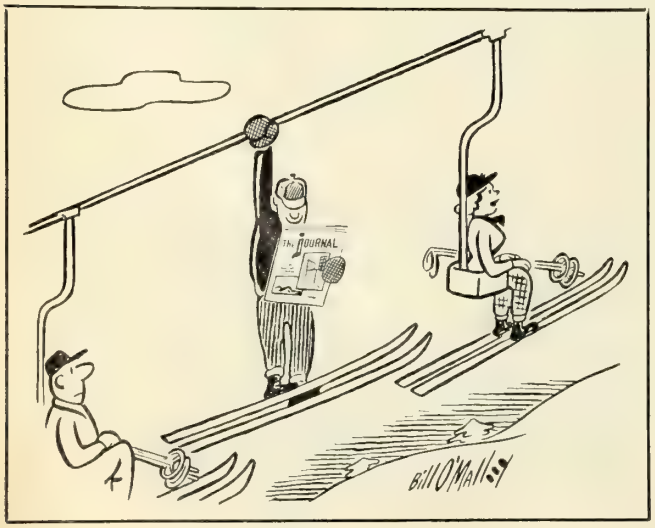
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Indianapolis

ANA MEDICAL HISTORY
QUARTERLY

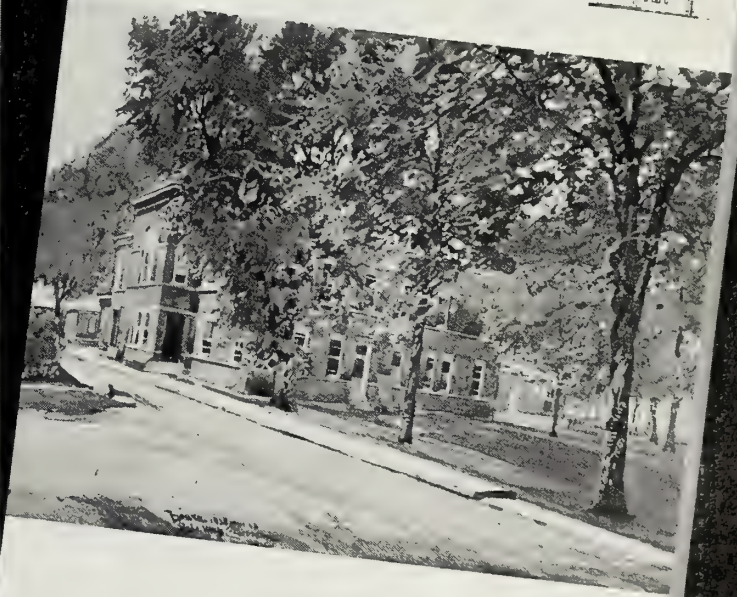


INDIANA HISTORICAL SOCIETY
Volume 1 Number 2
October - 1974

INDIANA MEDICAL HISTORY
QUARTERLY



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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful

respond to one

According to her major symptoms, she is a psychoneurotic patient with severe anxiety. But according to the description she gives of her feelings, part of the problem may sound like depression. This is because her problem, although primarily one of excessive anxiety, is often accompanied by depressive symptomatology. Valium (diazepam) can provide relief for both—as the excessive anxiety is relieved, the depressive symptoms associated with it are also often relieved.

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Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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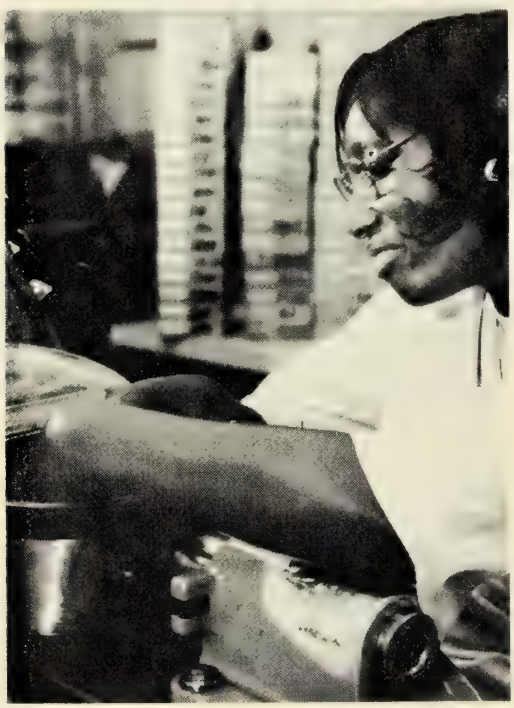
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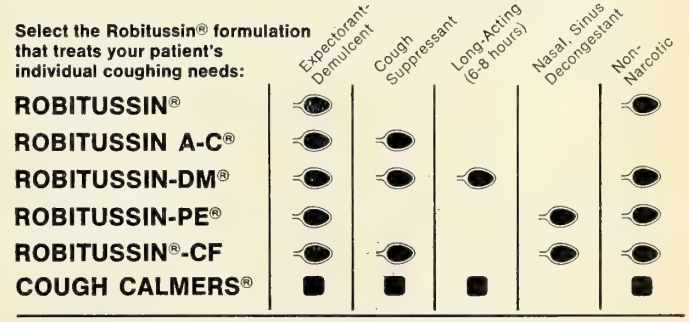
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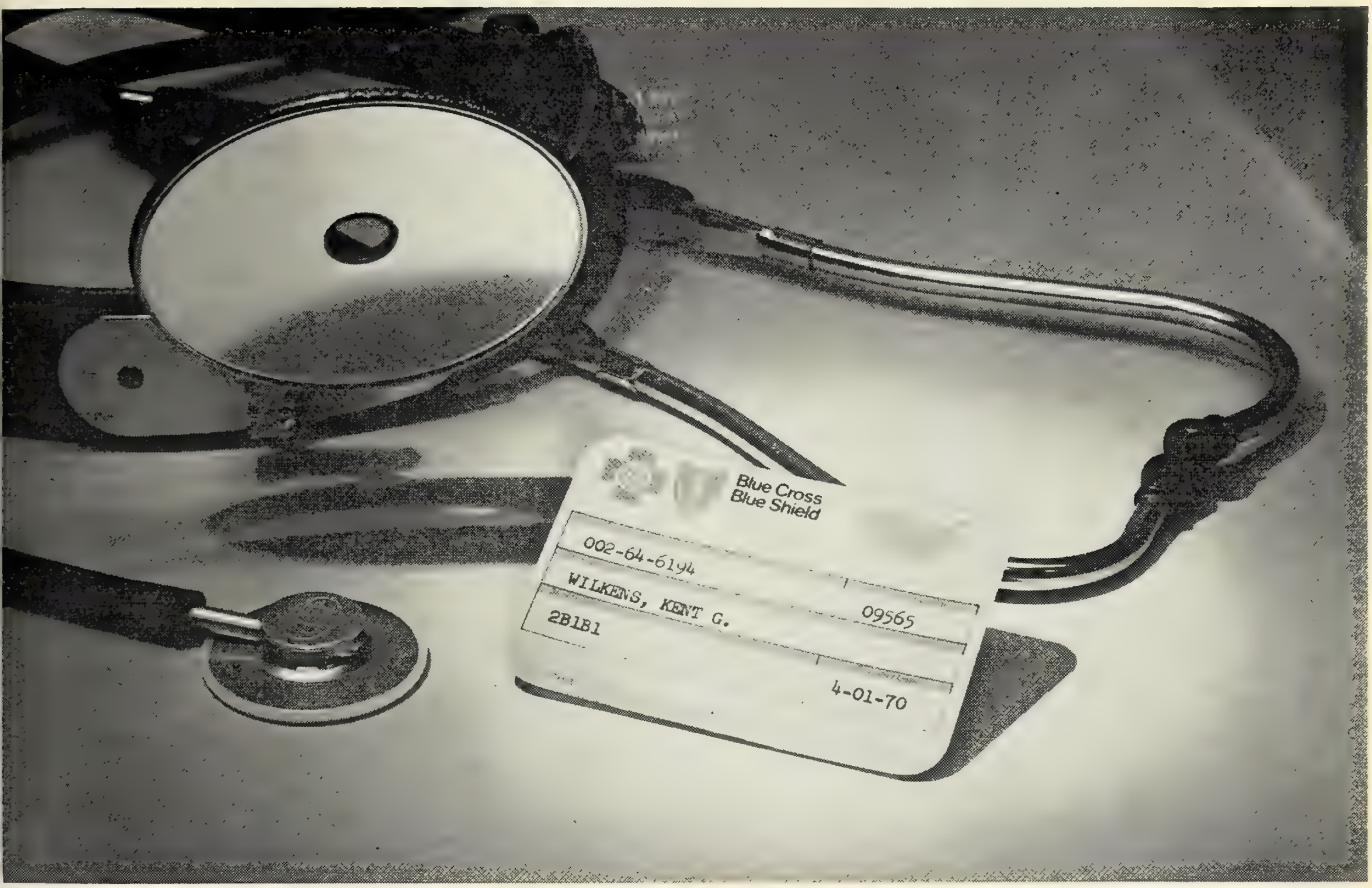
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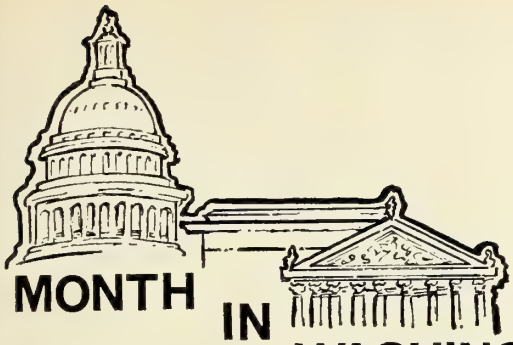
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Spencer	Michael O. Monar, Rockport	John C. Glackman, Jr., Rockport
Starke	Robert Goode, Knox	Earl Leinbach, Hamlet
Steuben	Donald G. Mason, Angola	John J. Hartman, 909 W. Maumee, Angola 46703
Sullivan	Robert O. Bethea, Farmersburg	J. S. Brown, Carlisle
Tippecanoe	Caroline E. Hass, West Lafayette	David L. Evans, 2424 Ferry St., Lafayette 47904
Tipton	R. L. Haller, Kempton	D. W. Lambert, R.R. 4, Tipton 46072
Vanderburgh	C. C. Young, Evansville	Mrs. Carole Rust, Exec. Dir., 421 N. Main St., Evansville 47711
Vigo	William E. Scully, Terre Haute	William Drummy, 1024 S. Sixth St., Terre Haute 47807
		William L. Purcell, Exec. Secy., P. O. Box 986, Terre Haute
Wabash	Wilbur D. McFadden, North Manchester	Philip C. Ferguson, 1025 Manchester Ave., Wabash 46992
Warrick	Peter B. Hoover, Boonville	Robert C. Calvin, Newburgh
Washington	F. T. Castueras, Salem	Donald L. Martin, 304 E. Market St., Salem 47167
Wayne-Union	Glen A. Ramsdell, Richmond	Frank Deanovic, 1400 Chester Blvd., Richmond 47374
Wells	Louis F. Bradley, Bluffton	Russell E. Graf, 1110 Highland Park Circle, Bluffton 46714
White	Warren V. Morris, Monticello	W. Martin Dickerson, 1114 O'Connor Blvd., Monticello 47960
Whitley	James R. Roth, Columbia City	Thomas G. Hamilton, Box 508, Columbia City 46725



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

THE 94TH CONGRESS, which numbers within its ranks the largest group of Democratic freshmen representatives to have crossed the Potomac in a generation, has quickly proved that it has a will of its own and a flagrant disregard for the tradition of seniority.

A successful "freshman revolt" within the House Democratic caucus has toppled a number of good old boys from important committee chairmanships and dealt a stinging blow to the half-century-old seniority system.

A less dramatic revolution, but just as significant a one, has quietly occurred in the Senate. Sen. Edward Kennedy, (D-Mass.), after mustering a liberal coalition in his party's Steering Committee, handed a beating to Democratic conservatives with respect to committee assignments.

But what legislative inklings this tumultuous reorganization of the Congress holds for medicine is still far from clear.

Saddled with grave economic problems, President Ford stated unequivocally that his Administration will not introduce a national health insurance (NHI) measure in the first session of this Congress. Making it painfully clear in his State of the Union message that the Congress was also saddled with grave economic problems, the President also said that he would veto any approved new spending programs other than those concerned with energy.

The President's stand would seem to make it difficult, indeed, for Democratic liberals to get an NHI bill enacted this year, despite the enormous pressures from Labor that some of them feel.

On the other side of the picture, however, House Speaker Carl Albert (D-Okla.), in his party's formal reply to the President's State of the Union message, urged the President to reconsider his apparent threat to veto NHI this year. Albert said NHI merits high priority.

Other top members of the Democratic leadership in both houses have gone on record as favoring NHI this year, including Al Ullman (D-Ore.); who has replaced Wilbur Mills as chairman of the House Ways and Means Committee.

During the organization of the 94th Congress, the House Ways and Means Committee was expanded from 25 to 37 members—largely through the addition of liberals—and for the first time subcommittees were established, four in number. Under the "two-to-one-plus-one" formula governing party representation on committees, this means that Ways and Means now consists of 25 Democrats and 12 Republicans.

Chairman of the new Ways and Means subcommittee on health is Rep. Dan Rostenkowski (D-Ill.). Apparently determined to make a name for himself in the health field, the Chicago Democrat has declared, "I see my role not as a proponent of an individual point of view, but rather as that of a consensus-builder —one who will try to resolve the differences that presently block the passage of this landmark program."

Rostenkowski said his 13-member panel will start work on health legislation immediately following Ways and Means' deliberations on the President's emergency energy and tax message.

"Although regular meetings of my committee won't begin until the early spring," he said, "I hope that the other committee members will review the considerable materials that are now available on this subject in order that in the spring we can begin in earnest.

"At the present time, over $100 billion is spent annually on the health care of the American people; thus, any legislation that seeks to significantly alter both the financing and the delivery of that health care will have to be developed with an acute sensitivity of the many diverse problems involved. Equally as important in changing the present system of health care, we must also be concerned with the 4.4 million Americans who are employed in this, the nation's third largest industry."

Shortly after making this statement, Representative Rostenkowski announced the formation of an Advisory Panel on National Health Insurance—"a group from whom the subcommittee can draw expert information and advice for use in its work on national health insurance."

The subcommittee chairman's statement continued: "The passage of national health insurance legislation is a must, but most important of all, it must be sound,

Continued

ISMA Committees and Commissions for 1974-1975

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Continued

workable legislation. The people who have agreed to serve on this Advisory Panel are recognized experts on various issues which the Subcommittee will have to resolve and should contribute much to our work."

The list of panel members, however, was not immediately released.

THE PARADE OF NATIONAL HEALTH insurance bills has begun. Senator Kennedy and Rep. James Corman (D-Calif.) have introduced Labor's Health Security Act (essentially last year's Labor NHI measure), calling for complete federal financing of health care for all at a price tab of $85 billion plus. Kennedy's action signified that he will again be the standard bearer of the Labor plan despite some coolness after the Senator last year supported a compromise plan drafted with Rep. Wilbur Mills (D-Ark.). The American Hospital Association's "Ameriplan," calling for health care corporations centered on hospitals as the focus of the health care delivery system, has been dumped in the hopper sponsored anew by Chairman Ullman of House Ways and Means and assigned the coveted *H.R. 1* legislative number.

It seems certain that a new version of the Sen. Russell Long (D-La.) and Sen. Abraham Ribicoff (D-Conn.) proposal for "catastrophic" NHI will also be introduced.

There are some who believe that due to the faltering economy, the Long-Ribicoff proposal will draw more attention than it did in the last Congress. With unemployment rising, the "catastrophic" proposal could gain political popularity with its obvious advantages to hard-strapped families.

And then there will be an entry from the American Medical Association. Not yet ready for introduction, the AMA proposal may contain some changes from its Medicredit bill of last year.

The AMA House of Delegates at the Portland meeting last December gave the Board of Trustees a vote of confidence for its efforts to develop new approaches to national health insurance which maintain traditional AMA goals.

The House at Portland also adopted a Board report containing basic guidelines for national health insurance deliberations.

The guidelines include minimum federal involvement in the administration of any national health insurance program; state jurisdiction for licensure of physicians and regulation of insurance; no Social Security tax financing and administration of any program; funding through federal revenues, state revenues, and private funds, including employer-employee contributions, for private health insurance; comprehensive coverage for basic and catastrophic needs, and the maintenance of pluralism in health delivery.

Additionally, AMA President Dr. Malcolm Todd has been quoted in the press as saying the objective of his organization's new national health insurance proposal will be to make it more flexible, while at the same time maintaining certain basic precepts.

OTHER CHANGES HAVE BEEN MADE—with more still to come—in the structure of congressional committees of interest to medicine, though none quite so spectacular as the revamping of the House Ways and Means Committee.

The Senate health leadership lineup should be much the same this year. Chairman Russell Long of the Senate Finance Committee will be the dominant man in NHI, and Sen. Herman Talmadge (D-Ga.), chairman of Finance's Health Subcommittee, is slated to be heard from increasingly. Sen. Edward Kennedy again will be chairman of the Health Subcommittee of Senate Labor and Public Welfare, which is led by Sen. Harrison Williams (D-N.J.).

Rep. Paul Rogers (D-Fla.) is in line to continue as head of the powerful Health Subcommittee of the House Commerce Committee and to be even more influential in the 94th Congress, due to the transfer of some health jurisdiction from Ways and Means. Rogers is sure to carve out a sizable chunk of any NHI program for his purview.

Rep. Harley O. Staggers (D-W. Va.), chairman of the full Commerce Committee, was defeated in a bitter battle by Rep. John E. Moss (D-Calif.) for the chair of the Special Subcommittee on Investigations. Moss has said he plans hearings on matters under the jurisdiction of the committee, including health.

BEFORE THE DUST HAD SETTLED from the skirmishing involved in the organization of the Congress, plans were being mapped for health legislative action. The House Commerce Subcommittee on Health is slated to take up quickly the two health bills vetoed late last year by President Ford—providing aid for nurses training and the $1.8 billion measure authorizing community mental health centers, neighborhood health centers, and the like.

Sen. Edward Kennedy, chief of the Senate Health Subcommittee, has introduced both bills in a single package and defied another veto. Not known is whether Congress will attempt to modify the measures to forestall a veto.

The House and Senate Health Subcommittees also are slated to take up early the Health Manpower measure which collapsed in the final days of the last session. The Administration is still working on a new proposal. Kennedy is expected to make another pitch for his sweeping bill requiring compulsory federal service for young physicians and the licensing and relicensing of physicians.

MEDICAL LIABILITY IS EMERGING as a hot

Continued

topic on Capitol Hill this year. The Senate Health Subcommittee will hold mid-March hearings on a bill sponsored by Kennedy and Sen. Daniel Inouye (D-Hawaii) embodying a no-fault approach plus arbitration. A controversial section requires physicians who wish to be included under the program to (1) have their practice reviewed by Professional Standards Review Organizations and (2) reside in states with licensure and relicensure laws. Rep. Dan Rostenkowski, chairman of the Health Subcommittee of Ways and Means, has submitted a bill calling for a federal study of the problem. Sen. Gaylord Nelson (D-Wis.) has a bill establishing a federally administered program of reinsurance to protect companies against catastrophic claims.

THE ADMINISTRATION HAS ASKED CONGRESS to bite the economy bullet on health programs this year. Counting the mammoth Social Security Trust Fund outlays, the Health, Education, and Welfare Department's total budget for the fiscal year 1976, starting in July, would be $118.4 billion, some $8.5 billion above spending this year. Most of the increase is due to scheduled hikes in Social Security retirement benefits.

Budget comparisons were more than usually complicated this year because of the risky assumptions that Congress will go along with President Ford's request for a budget "rescission" of $1.2 billion for current HEW appropriations, including cutbacks of $516 billion in health programs. (Most of the rescission would be from research and mental health funds.)

As a result, though the 1976 budget for health programs in the so-called "controllable" area was described as "hold-the-line," the projected non-Medicare-Medicaid health outlays of $4.5 billion would actually be $500 million less than Congress initially appropriated for the present fiscal year.

The most controversial aspect of the HEW budget is the Ford Administration's proposal for economies in the "uncontrollable" trust fund field, recommendations that will require congressional legislation. President Ford is asking Congress to limit the slated eight to nine percent increase in Social Security retirement benefits to five percent: He is seeking to curb Medicare spending by initiating higher cost-sharing provision for parts A and B. In addition, the Administration wants to reduce federal matching grants to the wealthier states from 50% to 40%.

Few people in the Administration are sanguine about the possibilities of a liberal Congress going along with the proposed economies in the sensitive health-welfare area. "Accomplishing this slow-down in the growth of the HEW budget will not be easy," conceded HEW Secretary Caspar Weinberger.

"Even with all of the proposals put forward by the President to reduce or slow down the growth of various government programs, the 1975 and 1976 projected deficits still will total more than $86 billion, unprecedented deficits for peacetime," Weinberger said. "But, if the President's budget proposals are not adopted, the two-year deficit could reach $107 billion . . . which could be ruinous." ◄

A Traveler's Food Guide

For the businessman who travels the nation, what could be more helpful than a list of unusual food laws in America.

For instance:

—In Massachusetts it is illegal to eat peanuts in church or use tomatoes in clam chowder.

—It is illegal to sell milk by the glass in San Francisco.

—It is illegal to ride a street car or attend a theater within four hours of eating garlic in Gary, Indiana.

—In Nebraska it is illegal for tavern operators to sell beer unless they simultaneously are cooking soup.

—In Connecticut it is illegal to sell pickles that collapse in their own juice when dropped 12 inches; they must stay whole and bounce.

—In Houston, Texas, it is illegal to sell rye bread, goose liver or limburger cheese on Sunday, and it is illegal for customers to remove the items they cannot buy from the store.

—In Corvallis, Oregon, it is illegal for young women to drink coffee after 6 p.m.

—Restaurant operators in Birmingham, Alabama, are forbidden to use a broom to clean their floors.—(Condensed from Advertiser's Digest, August 1973)



Putting out the fires of arthritic pain

Rheumatoid arthritis can sometimes spread like wildfire, with joint after joint going up inflamed. "The usual onset is manifested by spotty joint involvement but an acute onset of symmetrical polyarthritis may be noted."*

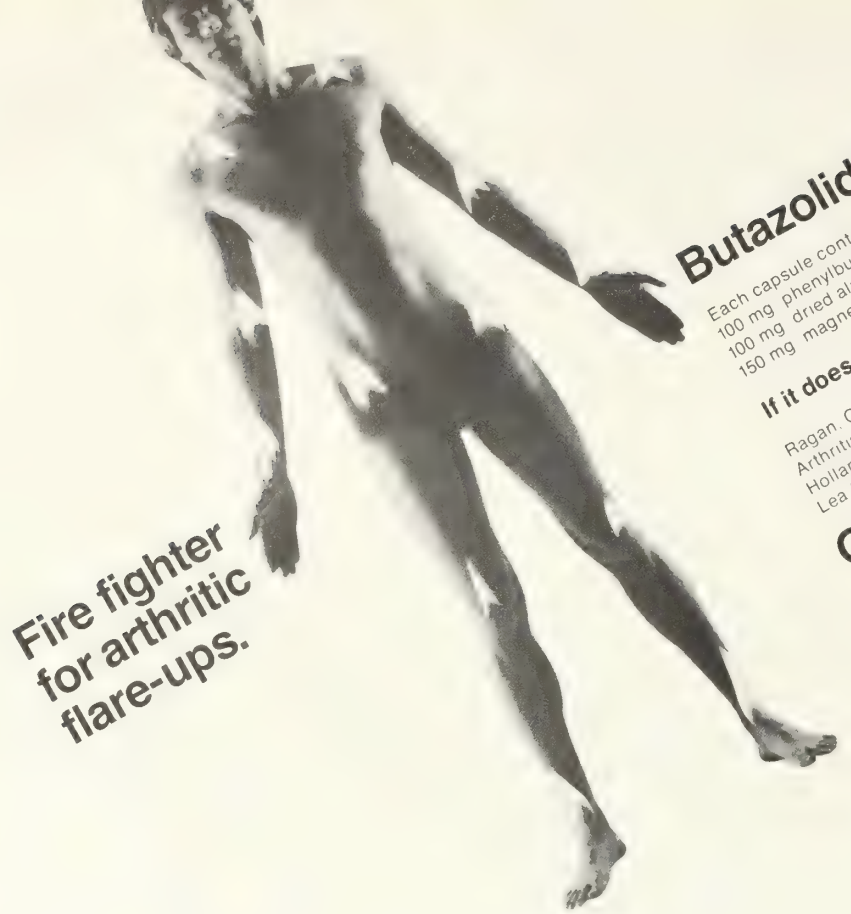
If aspirin fails, consider Butazolidin alka. Giving one capsule four times a day often provides prompt, pain-relieving, anti-inflammatory action to help restore joint mobility. The results you can get within a week can be maintained on as little as one or two capsules daily.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions. For full details, please read the prescribing information. It's summarized on the back of this page.

Butazolidin® alka

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

If it doesn't work in a week, forget it.



Butazolidin® alka

Each capsule contains
100 mg phenylbutazone USP
100 mg dried aluminum hydroxide gel USP
150 mg magnesium trisilicate USP

If it doesn't work in a week, forget it.

Ragan, C. The Clinical Picture of Rheumatoid Arthritis. in Arthritis. ed. 8. edited by J. L. Hollander and D. J. McCarty, Jr.. Philadelphia. Lea & Febiger. 1972. chap. 21. p. 335

Geigy

Fire fighter for arthritic flare-ups.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis.

Contraindications. Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias, renal, hepatic or cardiac dysfunction, hypertension, thyroid disease; systemic edema, stomatitis and salivary gland enlargement due to the drug, polymyalgia rheumatica and temporal arteritis patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existance of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions, complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug, its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy, CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

(B)98-146-070-J (10/71)

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
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AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 14-19, 1975
Place Atlantic City, N.J.

INDIANA CHAPTER, AMERICAN COLLEGE OF SURGEONS
Date Apr. 30-May 3, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS, INC., STATE OF INDIANA
Date Apr. 25-27, 1975
Place Marriott Inn, Clarksville

AMERICAN LUNG ASSOCIATION OF INDIANA
Date Apr. 28-30, 1975
Place Marriott Inn, Indianapolis

UNITED CEREBRAL PALSY OF INDIANA, INC.
Date Mar. 6-8, 1975
Place Stouffer's Indianapolis Inn

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date Apr. 22-24, 1975
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS
Date Apr. 6, 1975
Place Holiday Inn West, West Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE NURSES ASSOCIATION
Date Oct. 16-18, 1975
Place Atkinson Hotel, Indianapolis

INDIANA ACADEMY OF FAMILY PHYSICIANS
Date May 17-18
Place Stouffer's Indianapolis Inn

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date Oct. 20-22, 1975
Place French Lick Sheraton

INDIANA DENTAL ASSOCIATION
Date May 10-13, 1975
Place Indiana Convention-Exposition Center, Indianapolis

INDIANA ORTHOPAEDIC SOCIETY
Date Apr. 11-12, 1975
Place Michigan City

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, INC.
Date Apr. 30-May 2, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

INDIANA HEALTH CAREERS, INC.
Date Apr. 10, 1975
Place Stouffers Indianapolis Inn

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER
Date Apr. 30-May 3
Place White Sulphur Springs, W.Va.

A widow between 50 and 60 who has a severe physical or mental impairment expected to last at least 12 months or result in death may be entitled to special "disabled widow's" benefits. These benefits are based on her husband's earnings under social security and are payable even if she has never worked. The treating physician is the key source of medical evidence needed to evaluate her claim. Inquiry should be made at the nearest social security office.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — January 1975

Disease	Jan. 1975	Dec. 1974	Nov. 1974	Jan. 1974	Jan. 1973
Animal Bites	576	460	623	413	438
Chickenpox	944	341	368	555	958
Conjunctivitis	170	150	177	191	178
Diphtheria	0	0	0	0	9
Dysentery, Unspecified	155	103	95	140	35
Gonorrhea	1253	1037	1427	728	794
Impetigo	115	86	180	169	139
Infectious Hepatitis	20	20	83	32	24
Infectious Mononucleosis	89	105	167	59	59
Influenza	28700	4319	3456	6324	11640
Measles					
Rubeola	47	12	18	19	63
Rubella	30	14	23	46	75
Meningococcic Meningitis	0	2	2	0	0
Meningitis, Other	3	6	4	0	1
Mumps	329	226	206	136	161
Pertussis (Whooping Cough)	1	1	6	5	5
Pneumonia	841	338	436	604	642
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1902	1133	1195	1363	1515
Syphilis					
Primary & Secondary	17	15	26	20	31
All Other Syphilis	79	107	107	89	62
Tinea Capitis	8	11	49	10	6
Tuberculosis (Active)	47	58	50	34	27

From The Journal 50 Years Ago

Since reporting the first few cases—forty-six—of early gonorrhea infection treated with the stronger solutions of mercurochrome,[1] the number has increased and I am now able to present a total of one hundred and four cases. . . .

The practice of using during the day the mercurochrome at one time and the silver preparation at another has been continued for no other reason than that the results justify it. It may be of interest to note here that using the colloidal silver with the soluble mercury compound started as an experiment. I saw no harm in it and there was a possibility of good. In the comment on the first article it was stated that the procedure "seemed to produce the best results," though I could not tell why. Manifestly it cannot be the same action as obtains when a germicide is used in conjunction with an irrigating fluid, such as potassium permanganate. Rather than believe that the silver is more germicidal to one variety of gonococci while the mercurochrome is more deadly to another, it is more reasonable to believe that the attack of one chemical is not recovered from until the other is applied and the protective mechanism of the organisms becomes so broken that propagation is relatively impossible. This view is strongly supported by the very early disappearance of pus and cocci.

Fully 60 per cent do not have active discharge after the second day and 10 per cent have none after the first day. They have a small morning drop and a few fine shreds in the first glass. If the case goes on to termination quickly the urine is clear in three or four days and no injection is given afterward. . . .

Mercurochrome in 5 per cent solution has been used in these 104 early cases of gonorrheal infection in the last four years. There is no evidence of harm having been done by the procedure. The duration of trouble is shortened considerably and the discharge is reduced to a minimum. The results in the last series substantiate those in the first.—"Further observations on the action of stronger solutions of mercurochrome in early gonorrheal infections," Ernest Rupel, M.D., Indianapolis, **JISMA** March 1925.

The patient with gastritis:

another type for TYLENOL® analgesic tablets



When the gastritis patient has a condition requiring an analgesic, a new problem arises. Aspirin's irritating effect on the gastric mucosa is well documented.[1-3]

TYLENOL analgesic tablets, on the other hand, are unlikely to cause local irritation,[2,3] which is why they are preferred in the patient subject to gastritis.

This is only one of several 'types for TYLENOL' analgesic tablets—that is, patients who should avoid aspirin. Considering *all* of them, wouldn't it provide added safety (as well as added convenience) to recommend TYLENOL tablets routinely for simple analgesia?

References: 1. Muir, A., and Cossar, I.A.: Brit. Med. J. *2*:7-12 (July 2) 1955. **2.** Vickers, F.N.: Gastroint. Endosc. *14*:94-99 (Nov.) 1967. **3.** Roth, J.L.A.: Med. Clin. North Amer. *41*:1517-1537 (Nov.) 1957.

Precautions and Adverse Reactions: If a rare sensitivity reaction occurs, the drug should be stopped. Acetaminophen has rarely been found to produce any side effects.

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For Children:
Elixir, 120 mg./5cc. (alcohol 7%).
Drops, 60 mg./0.6cc. (alcohol 7%).
Chewable Tablets, 120 mg.

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Safer than aspirin, yet just as effective for relief of pain and fever

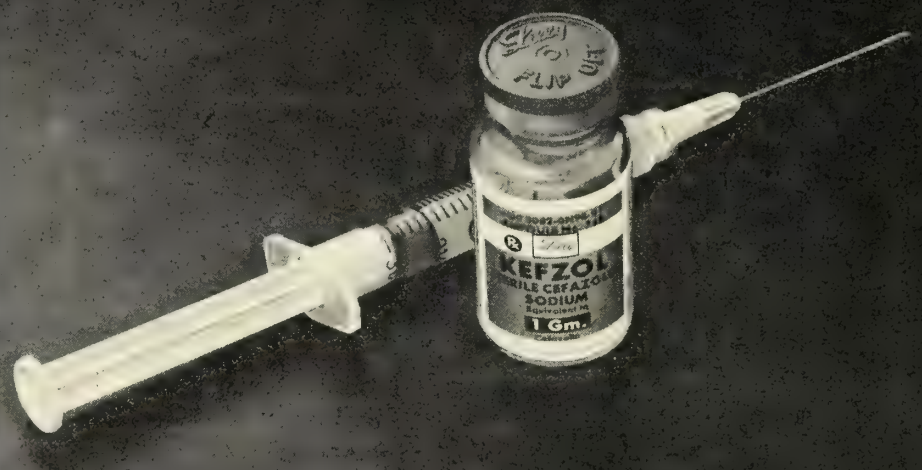
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 68—March 1975—Number 3

These muscles need support.

Prophylactic Bracing in Pseudohypertrophic Muscular Dystrophy (Preliminary Report)

Part I: Patient Experience

CHARLES A. BONSETT, M.D.
Indianapolis

THE impression most physicians have regarding pseudohypertrophic muscular dystrophy is that it is an intractable and invariably fatal disease, having a course of some 10 to 15 years of slow, progressive, crippling deformity from the time of the original diagnosis until the patient's ultimate demise. To the present time this impression is generally accurate.

The experience prompting the present report suggests that this inevitably deforming course can be modified if the diagnosis is made early enough and mechanical support provided *before* the onset of weakness and deterioration.

The disease is most usually diagnosed from the fourth to the sixth year of life, and life is usually terminated before the twentieth year, by respiratory infection, or by the complications of a respiratory acidosis.

During the early years of life the boy with this disease appears normal and healthy. By the time the disease runs its course, contractures have occurred at all joints of the extremities, and the feet, legs and trunk are severely deformed.

Experience over the past five years at the Indiana University Medical Center Muscular Dystrophy Clinic (at the Riley Hospital) with a bracing program indicates that the person with this disease can be helped (i.e., the disease can be modified and retarded) if the diagnosis is made early enough and a prophylactic bracing program followed. Early diagnosis, however, is mandatory. Bracing must be commenced before the usual signs of the disease appear. This means within the first three years of life.

The usual diagnostic criteria of waddling gait, enlarged calves and swayback are not present at this early age. The only consistent early feature to be found in this disease is a persistence of the flat foot in the weight-bearing position. In most youngsters the feet, which are flat at birth, develop a longitudinal arch at the time ambulation commences, or soon thereafter. This does not occur in patients with pseudohypertrophic muscular dystrophy. The flat-footed state persists and an arch system does not develop until after the fourth year.[1] Since the flat-footed youngster is a relatively common entity, it is evident that there is not much in the way of clinical abnormality to aid in the early diagnosis of pseudohypertrophic muscular dystrophy. This deficiency is well compensated, however, by the extreme sensitivity of the CPK (creatine phosphokinase) test at this early age. Phenomenally high values are found during the early

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This study was supported by the Marion County Muscular Dystrophy Foundation (a United Way Agency).



FIGURE 1
Case 1, left, and Case 2, right. Both boys born in 1961 and had identical courses until Case 2 was braced. Both boys age 12 at time of this photograph. Case 1 is scoliotic and cannot elevate arms from wheelchair. Case 2 has erect spine and still elevates arms overhead.

years of this disease. Values ranging from 1,000 to 10,000 units will be found (the upper limit of normal is 130).

Since a family history exists in approximately two out of three cases, it follows that all male infants in these families should have CPK tests at the time they commence ambulation. If the value is elevated, they are potential candidates for prophylactic bracing. For that one patient in three whose dystrophy is present on the basis of mutation rather than inheritance, the problem is more difficult. Calf enlargement is an early feature in this disease, but during the first three years of life it may not be an arresting feature. It is the author's opinion that all flat-footed boys in the two- and three-year range should be screened for pseudohypertrophic muscular dystrophy with the CPK test. The diagnosis is not difficult. The problem need only be suspected. The earliest diagnosis in the Dystrophy Clinic on this basis is 15 months. It is important for the diagnosis to be made at an early age, since it is only these youngsters that can be helped. If diagnosis is delayed until the more usual clinical manifestations appear, the bracing program recommended here will be of no benefit.

Prophylactic bracing of this disease is a new concept. It stems from a long-term continuous experience with this disease at the Riley Hospital. During the first 10 years' operation of the Muscular Dystrophy Clinic the unusual pattern of wasting in the disease was studied in detail. This was done in conjunction with a series of gross basic science studies (anatomy, pathology and physiology), in addition to the clinical study, to determine why the wasting pattern, which is remarkably consistent, behaves in the manner it does. Why, for example, do some skeletal muscles waste completely whereas others seem to be immune? The concepts developed from this study[1] indicate that bracing (which to the present time has been a futile experience) could be of benefit if the brace were very light in weight and if its use could be initiated *before* the wasting process commenced rather than after, as has been done heretofore. In brief, the study disclosed that anterior rotation of the pelvis is the initial and key deformity to the entire sequence of deforming events and that if support could be given to the pelvis prior to onset of this rotation, then the inevitable sequence of events could be impeded.

Our experience with this program to date is very encouraging. The concepts appear valid. The experience to date indicates that: (1) boys who have neither anterior rotation of the pelvis nor posterior tilting of the rib cage can be helped; (2) where either or both of the above abnormalities exist bracing will be of little or no value.

Although there may be exceptions, the above rules can be restated in terms of years, so that: at three years or less the boy will probably be helped; age four or over the brace is of doubtful value.

Representative Cases

The following are representative examples of our cases to date.

Case 1—Not Braced.

(This is a typical example of pseudohypertrophic muscular dystrophy.) The diagnosis was made at the age of two-and-a-half years on the basis of flat feet and elevated serum enzymes. The parents were not suspecting abnormality in the patient. A muscle biopsy confirmed the diagnosis. Two brothers also have pseudohypertrophic muscular dystrophy. Case 1 developed his more obvious clinical manifestations between the fourth and sixth year. Calf enlargement was present by the fourth year. Gowers' sign (climbing up the legs) was suggestive and by the fifth year was unequivocal. Meryon's sign (sliding through the examiner's grasp on being lifted) was also present. By age seven the patient was walking on the balls of his feet, his gait was waddling and his posture lordodic. The patient lost the ability to walk at the age of eight-and-a-half. He was able to elevate his arms overhead at this time, an ability which was gradually lost over the next two years. By his twelfth year he had full talipes equinovarus deformities of his feet and contractures at his ankles, knees and elbows. Scoliosis was also present. He is now completely helpless at the age of 13 (Fig. 1).

Case 2—Braced.

Also born in 1961, the patient was diagnosed and braced at the age of six years. At this time he had a toe-waddling gait. His pelvis was rotated forward, but he had no posterior tilt to his rib cage. The gait was broad based, with the weight being shifted forward so that the heels did not touch the floor. By age nine the ability to walk was lost. Shoulder girdle strength was relatively good at this time but has continued to deteriorate at a slow rate. The patient is now 13. He still has the ability to elevate his arms overhead without difficulty, and there is no scoliosis (Fig. 1).

Case 3—Braced.

Diagnosed and braced at the age of three years. No abnormality was suspected by the parents at this time. The examination was prompted because the patient had flat feet and because there was an older brother with pseudohypertrophic muscular dystrophy. The calves were equivocally enlarged and the CPK was 3500 units (normal: up to 130 units). The diagnosis was further confirmed with muscle biopsy. At the time of this writing the patient is seven years old. He is now at the age that most patients manifest a toe-waddling gait, lordosis, and the other more usual features of the disease. Gowers' and Meryon's signs should have been present at least by the age of five years. Neither yet exists. He can hop and jump (activities not seen in this disease at any age) and he rides a regular bicycle. His muscle stretch reflexes are absent in the upper extremities. They are present at the knees and ankles (Fig. 2).

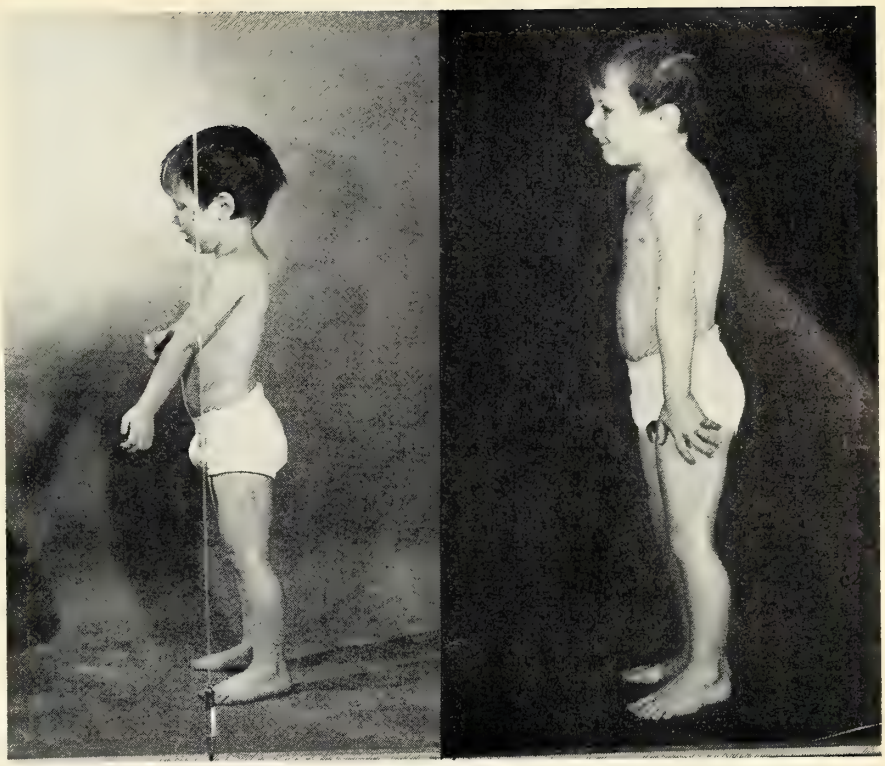


FIGURE 2

Case 3. Left photo shows patient at age three at onset of bracing program. Right shows patient at age six. The patient is now seven and is able to hop, jump and ride a bicycle.

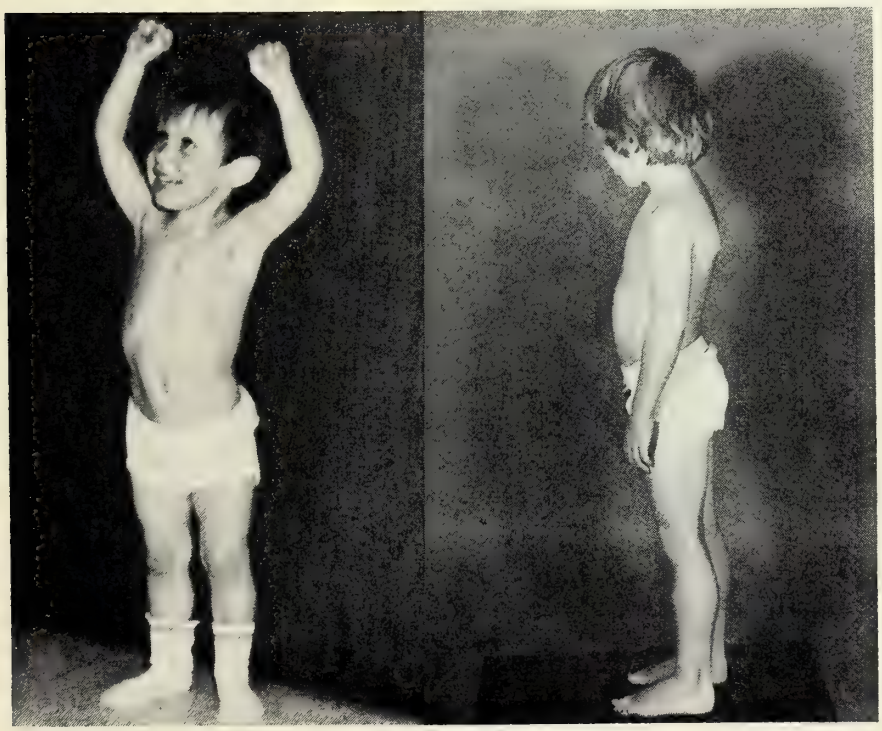


FIGURE 3

Case 4. Left photograph shows the patient at age three at onset of bracing. Right photograph shows the patient at age five.

Case 4—Braced.

Diagnosed and braced at the age of three. No abnormality was suspected by the patient's parents. An older brother had pseudohypertrophic muscular dystrophy. The patient demonstrated flat feet in the standing position. Gowers' sign was fleeting. His CPK was 3480 units (normal: up to 130 units). The diagnosis was further established with muscle biopsy. The patient is now six years of age. Neither Gowers' or Meryon's sign is present. He is able to jump and ride a bicycle. Except for ankle reflexes all the muscle stretch reflexes are absent (Fig. 3).

Case 5—Braced.

The diagnosis was made at the age of four-and-a-half years. The more obvious signs of the disease were present. Posterior tilting of the rib cage as well as anterior tilting of the pelvis was present. CPK was 3627 units (normal: up to 130 units). Muscle biopsy further confirmed the diagnosis. The patient is shown in Fig. 4 (right) at the age of eight years. It is obvious that the disease has progressed and that the bracing program has been of limited, if any, benefit. The patient is now nine years of age and continues to ambulate.

Discussion

Case 1 is a typical case of pseudohypertrophic muscular dystrophy. Case 2, who is of identical age, and whose course was identical up to the point of bracing, shows a better preserved shoulder girdle than Case 1. Cases 3 and 4 (the only ones braced before appearance of the more usual clinical signs) now show only minimal clinical features of the disease. These two boys (and two others also braced early) are the only pseudohypertrophic muscular dystrophy patients in our experience who have demonstrated the ability to hop and jump. Three of these four patients now ride bicycles.

Case 5, who demonstrated both posterior tilting of his rib cage and anterior rotation of his pelvis at the onset of his bracing program, has shown no benefit from the bracing program. Our experience to date indicates that where both features are present, as in this case, the candidate is already too far advanced with his disease to be benefited by this approach.

Our series of cases to date is too small and covers too brief a time span to tell what the overall effect on the disease will be. The one obvious conclusion to be drawn from the study to date is that bracing must be commenced very early in this disease if it is going to be of any significant value. A description of the brace and the theory of its design is covered in Part II of this paper.

Summary

The concept of prophylactic bracing for pseudohypertrophic muscular dystrophy is presented. The disease must be diagnosed before the onset of the usual clinical signs and the bracing program commenced not later than the third year of life. Five typical case histories are presented.

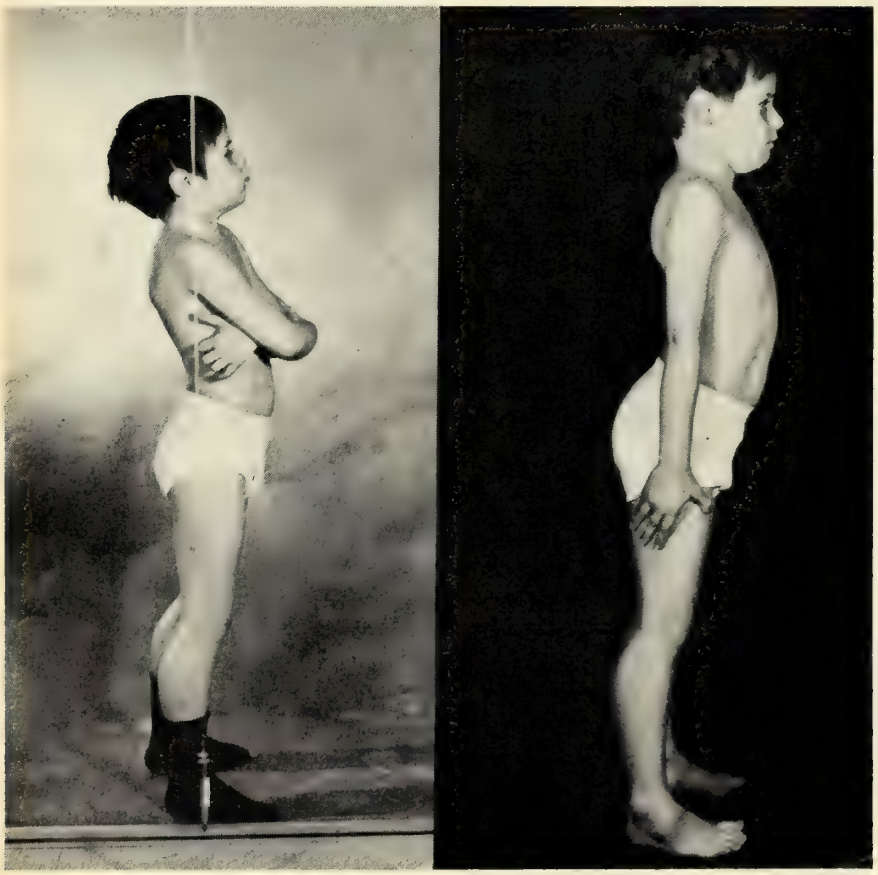


FIGURE 4

Case 5. Left photograph shows the patient at age four at onset of bracing program. Posterior tilting of the rib cage and anterior rotation of the pelvis are present. Right photograph shows patient at age eight. It is obvious that the disease has progressed and that the brace has been of limited, if any, value. The patient is now nine years old and still ambulatory.

The use of a lightweight torso brace for the prophylactic bracing of patients with pseudohypertrophic muscular dystrophy is described.

Prophylactic Bracing in Pseudohypertrophic Muscular Dystrophy (Preliminary Report)

Part II: The Brace

CHARLES A. BONSETT, M.D.
JOHN J. GLANCY, C.O.
Indianapolis

Rationale for Bracing

THE use of bracing in this disease is not new. To the present time bracing has been used for support of weakened muscles *after* they have deteriorated. The originality of the present study is the application of bracing to certain particularly vulnerable muscular areas as early in the disease process as possible, *before* weakness and degeneration have progressed (ideally before these features can be demonstrated clinically). The rationale for this approach derives from the pathophysiology of the disease, a brief resume of which is as follows:

The disease process diminishes the physical property of elasticity of skeletal muscle. Elasticity is necessary for the normal maintenance of posture and posture control. The disease process alone has negligible effect on this physical property. Accelerating mechanisms are present, however, which hasten the process, particularly in certain key areas. Muscles which are stressed by posture, and especially those which secure the girdles, are most vulnerable.

At least two types of posture-related mechanisms are present, which accelerate the rate of the involved muscles' wasting: (1) an active mechanism in which a reflex muscle contraction is triggered, e.g., the abdominal muscles; and (2) a passive mechanism in which the physical property of elasticity may be present initially but where the physiological reflex mechanism is lacking, e.g., the lower halves of the pectoralis major muscles. Where, as in this latter example, there is also no "built-in" anatomical mechanism to protect the affected muscles from the inevitable passive stretch as physical deformity of the body occurs, the acceleration effect is most devastating. It is the latter of these two mechanisms to which prophylactic bracing is primarily addressed.

Loss of elasticity of skeletal muscles in these vulnerable areas causes the muscle spindle to become "detuned," hence postural reflexes (and the muscle stretch reflexes seen clinically) become less responsive. As this occurs, certain muscles, the abdominals for example, contract with progressively less vigor, and, as time passes, they gradually but inexorably approach the state of extreme vulnerability shown by the lower pectoralis major muscles. With gradual loss of reflex capability the active type of response becomes increasingly less active and approaches the passive type. The rate of deterioration becomes thereby increasingly accelerated.

It is this type of failure in the muscles which secure the posture of the pelvis that allows the pelvis to rotate forward on the axis of the hip joints, thus initiating the chain of deformities that characterize the clinical course of this disease. The center of gravity becomes displaced posteriorly, the rib cage tilts posteriorly, and lordosis becomes exaggerated. Weight is shifted forward on the balls of the feet to compensate for this, and thus the equinovarus deformity is begun. These mechanisms have been presented in detail elsewhere.[1] The important point to note here is that all deformities in this disease can be traced to this fundamental phenomenon—*anterior rotation of the pelvis.*

It appears in theory, then, that if a lightweight mechanical appliance to secure normal pelvic posture could be instituted very early in the course of the disease, before these accelerating mechanisms had done their damage, it should be possible to slow the rate of disease progression and to modify the extent of deformity. Our very limited clinical experience to date with this method has given encouraging results indicating that practice conforms to theory.

The Brace

The mechanical problem thus posed by the disease is how to give support to normal pelvic posture without disturbing spinal configuration and balance, and without significantly adding to weight.

This support is achieved by a one-piece brace having a jacket design molded over a plaster-of-paris model of the patient's torso. The brace is secured to the pelvic brim and contoured so as to utilize intra-abdominal pressure in the maintenance of pelvic position. Light weight is achieved by using two relatively new plastic materials (both being readily available): polypropylene for strength, and Plastizote as a lining.

Polypropylene is a tough material having a remarkable resistance to fatigue and impact. It has the approximate strength of aluminum but only one third the weight. In this application its strength precludes the need for any metal reinforcement. When heated to 400 F it can be formed easily into complex shapes. One-eighth inch polypropylene is used for the outer structural part of the brace. The weight is about 500 gms.

Plastizote is a closed cell polyethylene foam. This plastic has an outstanding ability to distribute pressure evenly. Its cushioning qualities eliminate the possibility of pressure sores, bruises and abrasions. Plastizote can be formed into any desirable shape when heated. One-quarter inch Plastizote is used to line the brace. The complete lining weighs about 50 gms. The material is washable and is impervious to all common acids, alkalies and solvents.

The brace design embodies standard concepts. The spinal column is immobilized and supported by a three-point pressure system, the thorax being balanced over the pelvis.

A mechanical shelf[2] (formed of molded silastic* rubber for this brace) is incorporated into the pelvic portion of the brace to provide a more efficient means of gripping the pelvis.

The brace is contoured so as to effect a deliberate flattening of the normal contour of the abdomen. This is done by skiving this portion of the plaster-of-paris model.[2] This flattening diminishes the size of the intra-abdominal cavity, thereby increasing intra-abdominal pressure, the resultant force being utilized to facilitate spinal and pelvic stability.[3]

The Patient

We are recommending this brace for one type of dystrophy only: Duchenne's pseudohypertrophic form. Empirically we have used the brace on several patients with other forms of dystrophy, and have not been impressed that any benefit was derived.

This brace was specifically designed to impede the mechanisms which cause the major progression in pseudohypertrophic muscular dystrophy. These mechanisms have not been determined for other forms of dystrophy. Since the patterns of wasting for the other dystrophies are distinctly different, it is evident that their pathophysiological mechanisms must also be different.

Our limited experience to date demonstrates that not all patients with pseudohypertrophic muscular dystrophy will be helped equally. It is only those braced in the very early years of life who will benefit. The 10 patients in our series ranged from three to seven years at onset of bracing. This experience indicates that the earlier in life bracing is started, the more beneficial it will be (and conversely, the later it is applied, the less benefit to be derived). A stage is reached generally between the fourth and sixth year where bracing is futile. The important point to stress is that it must commence early in life.

The ideal candidate is the young Duchenne dystrophy patient who does not yet show the more usual clinical signs, which, in terms of age, means by the third year of life. The diagnosis can be suspected in such cases solely on the basis of flat feet in the weight-bearing position. Family history may or may not be positive for this disorder. Hypertrophied calves may or may not be evident. The most sensitive and practical laboratory aid to diagnosis is the serum creatine phosphokinase test (CPK), which, at this stage, will yield exceedingly high values, well above the upper limits of normal. A muscle biopsy from a major stress site (e.g., the rhomboids) will confirm the diagnosis before bracing is begun.

In situations where the patient is older, and where anterior rotation of the pelvis has already commenced, bracing is unlikely to be of benefit to the pelvic girdle, but may help the shoulder girdle. The easiest way to form a clinical judgment as to the extent of rotation is to compare the lumbosacral curve of the patient in the sitting position with that in the standing position. There will be a measurable difference when rotation is present, since the pelvis will rotate when the patient stands. *The contour of the lordodic curve in the standing position alone is not sufficient.*

Another factor limiting the usefulness of the brace is posterior tilting of the rib cage. This phenomenon usually (but not always) develops after anterior rotation of the pelvis has commenced. If such thoracic tilting is also present, then bracing will not be of benefit for the patient. The easiest way to form a judgment as to the degree of posterior tilt is with a gravity goniometer. A plumbline may also be used.

Yet another factor which is most important and which also relates generally to age is that of patient cooperation. This, by far, has posed our greatest problem in this study. We have found patient cooperation more difficult to effect in the patient whose bracing experience commences when he is four years of age or older than in those who start at an earlier age. Perhaps the most important consideration here is parental attitude. This brace is effective only if worn as prescribed. If the parent is permissive and/or un-

*Silastic #285 Elastomer, Dow Corning Corporation

willing to devote the time, effort and discipline required for the daily application of the brace, it is better not to start. Assuming patient diagnosis, age and attitude conform to the above stipulations, and that the patient's parents are firm and understanding, the brace is more likely to be effective. It will not stop progression of the disease, but it does appear to retard the rate of progression. To what extent this will permit better control of the deforming characteristics of the disease, and what the long-term effect will be remains to be determined.

Additional Considerations

This brace should be worn for a minimum of 12 hours per day during the youngster's physically active hours. An undershirt is worn between the skin and the Plastizote lining of the brace. The use of a bib over the front of the polypropylene shell prevents shirt wear which is prone to develop at the upper margin of the abdominal depression. Nylon shirts are more durable against this type of attrition than the cotton variety.

Patients should be checked at monthly intervals in the beginning to make certain that the brace fits properly and that it is being used as directed. The design allows for a considerable amount of growth before a new brace is required. In our experience these can be used for about nine to twelve months.

The brace is very light in weight, it is not conspicuous, and it in no way restricts the youngster's activity. It adds so little bulk to the contour of the patient's figure that it is not obvious under his clothing. Details of design and construction are shown in the drawing, Fig. 5. Fig. 6 shows the brace.

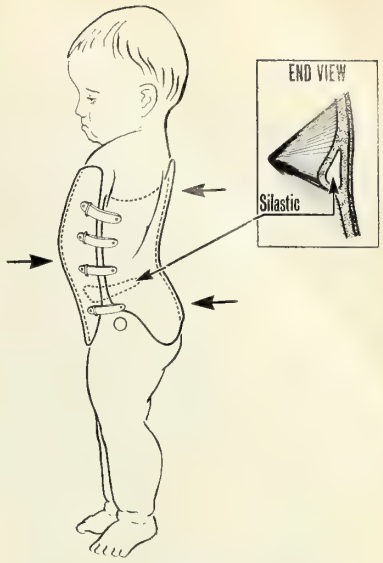


FIGURE 5
Outline drawing of polypropylene jacket for the prophylactic bracing of pseudohypertrophic muscular dystrophy patients. Arrows indicate the three-point pressure system for immobilization of the spinal column.

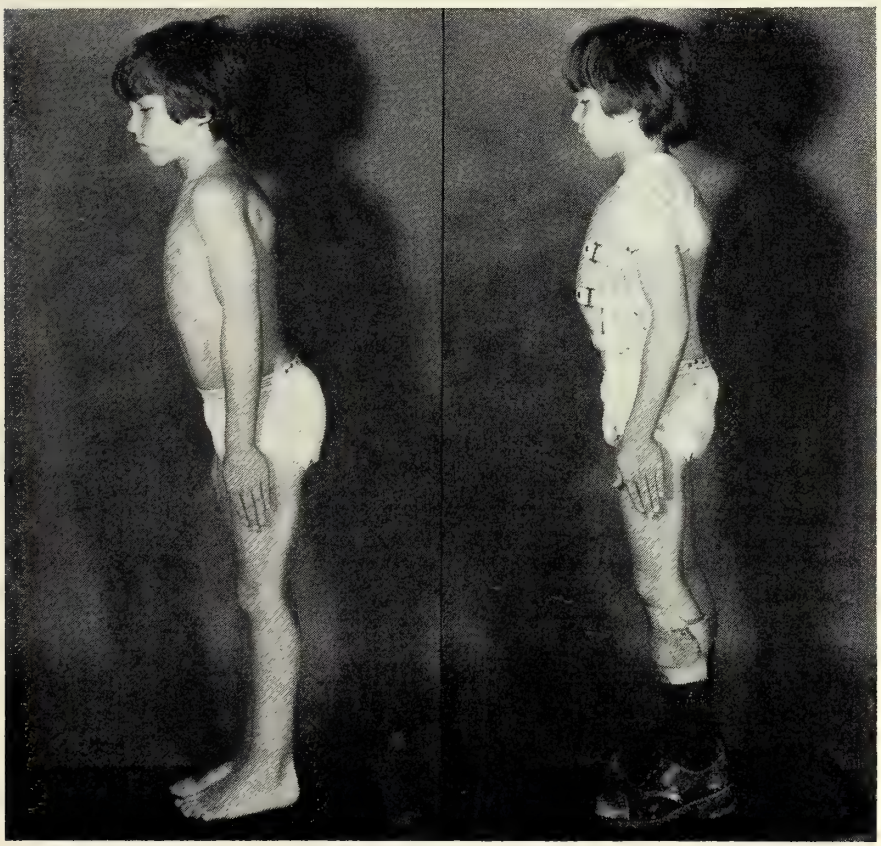


FIGURE 6
Appearance of patient with (right) and without (left) brace. It is not evident under clothing, nor does it restrict activity.

Summary

A lightweight polypropylene and Plastizote brace for the prophylactic bracing of patients with pseudohypertrophic muscular dystrophy is presented. This is a lightweight one-piece jacket device to be instituted ideally by the second or third year, before the more usual clinical manifestations of the disease are present. The disease runs a slower course if bracing is started early and the device used consistently.

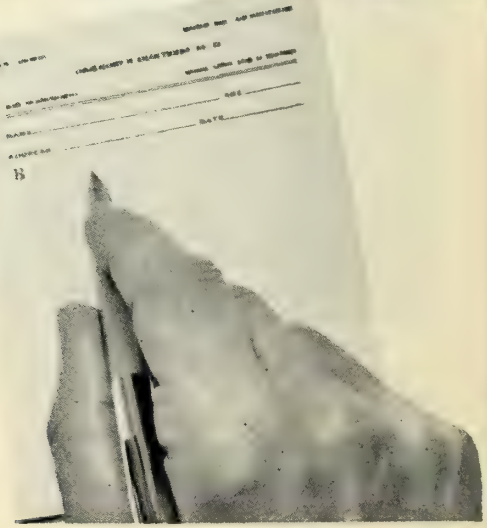
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Bioequivalence



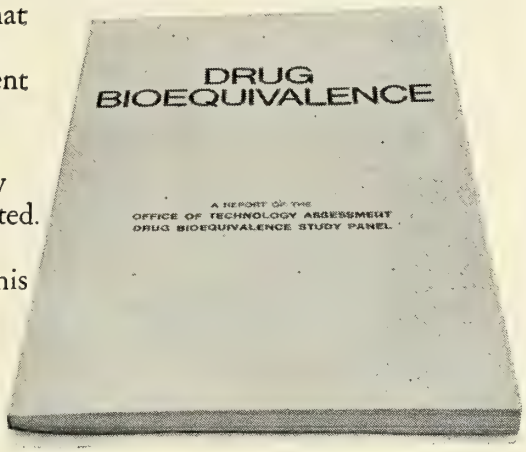
the weight of scientific opinion:

If the pharmacist substituted a chemically equivalent drug for the one you have specified for your patient—could you be certain of that product's safety and effectiveness simply because the chemical content was the same?

Definitely not, unless bioequivalence tests and other quality assurance checks had been conducted. The pharmaceutical industry and many scientists have maintained this position for years, but others have questioned it. Now the Office of Technology Assessment of the Congress of the United States has reported on the issue in its Drug Bioequivalence Study.*

Here are a few definitive statements in the O.T.A. report:

"...the problem of bioinequivalency in chemically equivalent products is a real one. Since the studies in which lack of bioequivalence was demonstrated involved marketed products that met current compendial standards, these documented instances constitute unequivocal evidence that neither the present standards for testing the finished product nor the specifications for materials, manufacturing process, and controls are adequate to ensure that ostensibly equivalent drug products are, in fact, equivalent in bioavailability.



"While these therapeutic failures resulting from problems of bioavailability were recognized and well documented, it is entirely possible that other therapeutic failures and/or instances of toxicity that had a similar basis have escaped attention."

The Pharmaceutical Manufacturers Association supports federal legislative amendments that would require manufacturers of duplicate prescription pharmaceutical products, subject to new drug procedures, to document:

(a) chemical equivalence; and

(b) biological equivalence, where bioavailability test methods have been validated as a reliable means of assuring clinical equivalence; or

(c) where such validation is not possible, therapeutic equivalence.

In addition, the PMA supports federal legislation that would require certification of all manufacturers of prescription products before they could start in business, annual inspections and certification thereafter, and strict adherence to FDA regulations on good manufacturing practices.

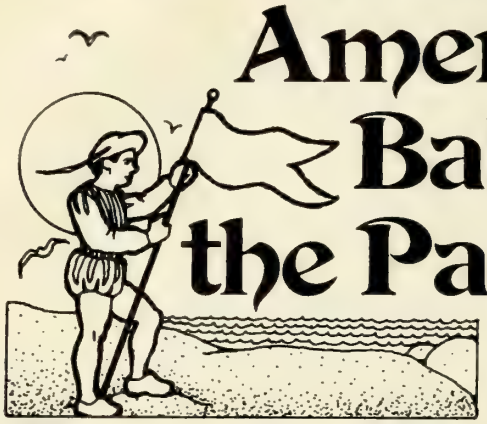
The overall quality of the United States drug supply is excellent. But only a total quality assurance program, envisaged in these and other policy positions adopted by the PMA Board of Directors in 1974, can bring about acceptable levels of performance by all prescription drug manufacturers and thereby assure the integrity of your prescription...

P·M·A
Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

*Copies of the complete report on Drug Bioequivalence may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

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Child abuse may be a transmissible trait.

Child Abuse: Its Impact on Society

BRANDT F. STEELE, M.D.
Denver, Colo.

IT is a real pleasure and honor to be back here in Indiana, talking to your State Medical Association. I was a member of it for many years and enjoyed many meetings in the past. It is also a special privilege to be here to speak in honor of the 50th anniversary of the Riley Hospital for Children. I am probably one of the relatively few people here who have actually spoken to and touched James Whitcomb Riley. Many years ago as a child here in Indianapolis I went to visit him at the old home on Lockerbie Street and shook his hand as he was sitting there in the garden in his dark suit and white, stiff collar. He was a delightful man and was always interested in children, their welfare and their happiness.

The Riley Hospital, 40 and more years ago when I was a medical student, was a quite different institution than it is now, particularly in relation to its patient clientele. In 1930-32, when I was a student and doing my ward clerkships there, the hospital was overwhelmed in the summer by the acute poliomyelitis cases that were brought in from all over the state. There were also a lot of children with serious diarrhea and severe infections of other kinds. In the winter the polio cases were back, with Dr. Garceau and the orthopedic staff putting on casts and operating on deformed limbs. There were also a lot of children with mastoids and some with empyema or meningitis.

Problems Have Changed

It is interesting and important that we have through the years, through improved treatment and prevention, made some of these infectious diseases so rare that we have trouble finding a case to show our medical students. The problems to be met in child care have changed in this respect through the years. At that time we were most concerned with the interaction between microbes and children. Now we must study much smaller particles which interact with children to produce disease; things such as enzymes, viruses seen only through the use of an electron microscope and genetically determined biochemical disorders which influence the child's metabolic processes. At the other end of the spectrum we are working with the interaction between children and much larger elements of the environment—parents, other human beings, social systems, etc. We are studying the interactions between various family members and with society and the total environment, and seeing what is happening to the children and how they get along later in society as a result of these interactions. It is in relation to these more social interactions and the behavioral responses of the child to them that I will be talking about child abuse and neglect. This is a phenomenon which was not heard of while I was in school; only in the last 20 years has it become a matter of great concern and interest. Although it is not a purely medical problem in all its ramifications, it is possible in working with this problem to follow the methods with which we are familiar in our usual medical care. This is to investigate and do all we can to find the causes and then treat them to alleviate the situation as much as we can, and then to go into the processes of prevention.

Why are we so interested in doing something about child neglect and abuse? Not only because we see injured and hurt or malnourished children who need to be helped, but because we see also families who are in a great deal of difficulty and are expressing their problems through this symptomatology. The parents also need much help. What happens if we don't help the parents? What happens to the children who have been abused and neglected during the first three years of life? Not many studies have been done. One of the best was done a few years ago in Pittsburgh by Elmer and Gregg, who did a follow-up on 50 children five years after they had been admitted to the Children's Hospital because of fractures sustained during the first year of life. Seventeen of the children could not be traced or, if traced, their families refused cooperation. Of the remaining thirty-three on whom data could be obtained, three had died in hospital from head injuries, two were later killed by their mothers, two were dead from causes unknown,

Presented at the 50th Anniversary Celebration of the James Whitcomb Riley Hospital for Children, Indianapolis, Oct. 6, 1974.

Dr. Steele is professor of psychiatry at the University of Colorado Medical Center, chief psychiatrist at the National Center for the Treatment and Prevention of Child Abuse and Neglect, and training analyst at the Denver Psychoanalytic Institute.

one had been brought in to the hospital dead from malnutrition, five were in state institutions for the mentally retarded. Of the remaining twenty who were available for study, ten had an I.Q. of less than 80, nine had poor speech development, eight had significantly poor emotional health, seven had neurological defects, five had impaired physical development. Only two of the children were normal in all these categories. These were two black children.

We have done similar studies at the University of Colorado, following up children at various intervals from early childhood up to age 12 or 13. These are all living children who are in families cooperative enough to allow contact through the years. This means we are talking about the "cream of the crop," probably the best results. One half of the children we have studied have either a history of skull fracture or subdural hematomas, or show neurological signs, or all three of these. One third of the children have an I.Q. of less than 80. Another third show a language development delay of at least 15 points greater deficit than can be accounted for by the low I.Q. Even 45% of the children with a normal I.Q. have this language deficit. We are greatly concerned about the language deficit because it is probably the most sensitive indicator we have of cognitive development and the ability of these children to grow up and learn well and to cope well with the world they will have to face later. Ninety-five percent of the retarded children have neurological signs or a history of brain injury or skull fracture, thus indicating the long-term effect of trauma to the head during early infancy.

Extra Burden Put on Schools

What happens to these children when they get to school? We rarely inform the school system of what we know of the history of the parental infliction of injuries upon these children and why they are in trouble. They are often passing under the diagnosis of minimal brain damage, atypical cerebral palsy, perceptual defects, learning problem, mental retardation, cause unknown, and other nonspecific conditions. Many of them are either in special classes in school or are struggling along without the benefit of this. Fortunately, a good many such children, if given special care (either in preschool or first grade by specially trained teachers) can show marked improvement in some of the deficits they have, especially in their learning of language. Such special care is rare, so that we see an enormous number of children who are in much difficulty, who are putting an extra burden on our school systems, who are deprived of the chance to learn well, and who will carry on through their growing, developing period into adult life significant defects as a result of this poor early experience. We also know that the children who have grown up in a home where there has been considerable violence, even though they, themselves, have no history or any suggestion of physical attack on them whatsoever, show a very high incidence of these same intellectual problems and language delay. This is not a purely American problem. For instance, Dr. Christopher Ounsted at the Park Hospital for Children in Oxford, England, has found the same thing. In a group he studied there, 50% of the children who were brought up in families where there was neglect and abuse, even though they had not been injured, have a selective, significant language learning delay.

As we have studied the problems of parental abuse of infants and small children during the past several years, we have found that almost without exception parents who show this behavior with their offspring were also significantly neglected or physically abused in their own early lives. We see, then, a specific pattern of child rearing which, although most undesirable, is passed from generation to generation. People acquire the most basic knowledge of how to act as parents from the experiences of the first three years of their own lives. They rear their children to a large extent as they, themselves, were reared. If these most deeply embedded lessons in parenting are learned in a situation of inadequate care and understanding of the child, the parents are never able, unless some good intervening events occur, to pick up good patterns of child care and be what we call "a good-enough parent." We see, then, that the very nature of the problem makes this unfortunate pattern of parental maltreatment of children a self-perpetuating one.

Many Become Juvenile Delinquents

What else happens to these people? We do not know as much as we should because nobody has ever followed abused, neglected children on into adult life in a longitudinal study. We have only seen what happens to them as we follow them for 12 years or so. We then pick up further data through spot checks on a part of the rest of the population —namely, people who give a history of having been neglected and abused in early life. We find fascinating bits of information from these retrospective histories. One is that if one looks at juvenile delinquents and does adequate interviewing, asking proper questions, one finds a very high percentage of these youngsters who had experienced abuse and neglect.

A study in Philadelphia a few years ago, still unpublished, described interviews with 100 consecutive juvenile offenders. Eighty-two percent of them gave a history of having been abused, 43% remembered having been knocked unconscious by one or the other parent.

We have recently been studying juvenile offenders at a juvenile detention center in Colorado. We have not been able to produce a nice, pure, clean, statistical study because we could not spend enough time out there seeing every youngster who was picked up by the police. What we did was study the ones who were picked up Wednesday night and Thursday, because then we had time to see them. These were first pick-

ups, not recurrent offenders. In one "control group" of 100, we had no information available except from the interview with the youngsters themselves. Seventy-two percent of them reported they had been significantly hurt by their parents before age six. They remembered the bruises, the lacerations, strap marks and burns that had been inflicted upon them. This was a surprisingly low figure. We thought that if you asked juveniles if their parents were mean to them, you would get a nearly 100% "yes" answer. But we got only 72%.

With another 100 youngsters, we had corroborative evidence through interviews with their own parents and from data obtained from police, social agencies, school and relatives. In this group there was evidence in 84% of significant abuse before they had reached school age. Of this latter group of 100 with corroborative evidence, 92% reported having been bruised, lacerated, or fractured by their parents within a year and a half previous to their pick-up. No wonder they were running away from home and getting into trouble!

I am sure these statistics are biased. They could not be applied generally all over the country. They are only valid for the groups that we saw. Yet, I think it is important to realize we have been given a lot of very poor information about juvenile delinquency from other studies. It is not just related to race or to ghettoes. It is throughout our culture and it is happening primarily in people who have been subjected to maltreatment early in their lives, regardless of social status, economic condition or race. Of our 100 corroborative cases, only one family was on welfare.

I think these are fascinating data. They cannot be applied over the country, but I hope they can be utilized to counteract some of the other ideas that juvenile delinquents come just from permissive homes where there is no discipline and father is out of the house, and among poor people of the "wrong" color and race. Our group is entirely different and I think it is something that we need to seek a lot more information about. We don't know everything that happens to abused and neglected children, but apparently many whose lives started in difficulty are still in difficulty in adolescence. We have already noted that when they become parents they are prone to become the next generation's abusive, neglective parents.

Violence "A Family Matter"

What else happens? What else comes from this pool of children who have had such a bad start in life? If one goes to the state penitentiary and other places where people are held for murder and examines a significant number of first-degree murderers, one will find probably around two thirds or three fourths have a clear history of having been abused, neglected children, particularly those people who murder without apparent "good cause." Violence is very much a family matter. It does begin in the home and it stays there, to a large extent. As one looks at statistics on homicide, again one finds it is a family matter. For instance, the F.B.I. crime records from New York City for a recent year show that seven brothers were killed by their brothers, two sisters by their sisters, eleven sons and thirteen daughters killed by their mothers, five sons and one daughter killed by fathers, forty wives murdered by their husbands, and seventeen husbands killed by their wives. Thirty-four percent of all homicides were in the immediate family and another thirty-odd percent were between close friends or distant relatives, paramours, and people who were well-acquainted. Only twenty percent of homicides were between strangers.

The people who are involved in this familiar pattern of violence have often been brought up in the pattern from the very earliest years. This means that the first childhood experience of abuse and neglect has a profound effect upon the rest of our society. Not only do we see the sad effects of such early childhood experience upon educational impairment but also in this antisocial behavioral aspect of a lot of people involved in crime and delinquency.

The same phenomenon is seen in relation to political assassinations. Sirhan Sirhan, who shot Robert Kennedy, was a battered child. He and his brother were both taken into protective custody for a while as small boys because their father was beating them so badly. His brother, who shared the abuse with Sirhan, has also been arrested at least three times for aggressive, violent action. His latest bit of difficulty occurred because he made a verbal threat on the life of Golda Meier. James Earl Ray, who killed Martin Luther King, was an abused child. Arthur Bremer, who shot George Wallace, had a history of infantile abuse and neglect. I rather like him because he brings a little note of humor into this sad subject. He wrote in his diary several years ago, "my mother must have thought I was a canoe, she paddled me so often." The paddling didn't help, though.

I think that is one of the interesting things we see as we study this problem: that in spite of this long-standing belief held in our Western culture of the educational value of punishment, it does not work very well. It has been in our culture since the earliest part of history. We still believe in punishment, but punishment also has long-term bad effects. Child abuse is basically an exaggerated form of punishment. Such abuse can change behavior immediately and over a short term in just the way we can change behavior of rats in a maze or pigeons in a cage. It can be done the same with human babies: make them stop bad behavior by punishment. But the long-term effects are not good and it is the long-term impact on society that we are concerned about and believe something must be done about.

What can we do about prevention? We have treated families who have been involved in neglect and abuse and found we can change their behavior so that they bring up their children a bit better than they would have otherwise. But it is hard to teach adults completely from the

beginning how to love children. Although it is true that, to a large extent, most abusing parents do love their children, they don't have enough love and the love breaks down and it is this breakdown of love which enables them to release their pattern of aggression. We can, we think, by improving patterns of care by parents very early in the life of their children, do something useful. It has to be done early, because the pattern of behavior referred to above is learned very early.

I would like to quote a most interesting but somewhat sad story. Johnny was a little boy I knew when he was a baby and his mother was quite abusive with him. She never fractured him but she used to pick him up and shake him and choke him and bruise him when he would not do correctly the things she wanted him to do. We saw her when Johnny was about a year old. By the time he was two, she had become a fairly good mother. She got pregnant again and delivered a baby girl who was about three years younger than Johnny; she was an excellent mother to this baby girl. She moved away from Denver a little later, but kept in touch with me. She called me one morning on the phone and said, "Dr. Steele, something terrible has happened." I said, "What is it?" And she answered, "This morning Johnny picked the baby up and choked her and shook her." I said, "That's terrible, Penny. What happened?" And she said, "The baby wouldn't do something Johnny told her to do, so he just shook her and choked her." I said to her, "Penny, I am terribly sorry. What do you think brought it on? Why did he do it?" She broke into sobs over the phone and said, "Doctor Steele, I know exactly why he did it. I asked him why he did it and he said, 'Mommy, that's what you used to do to me.'" This is a sad commentary on what we teach our children and how well they learn it.

But, in another way, it gives us some hope. If this pattern which was learned early in life is one which is going to be enacted later on when one becomes a parent, we have many chances before people have children, to pick up the signs of the existence of the pattern and do something about it. We have begun some of this work in our Center and it is being done several other places in the country.

A particularly useful place to work is in the prenatal clinic, talking to mothers before they have their babies. In this setting, it is fairly easy to pick up signs of what we would call a "high-risk mother." Not that she is going to do something bad, but she is one of a group who is most likely to become neglectful or abusive because she has the potential to do so under stress. We believe if we can intervene early and help such a high-risk mother, we can prevent the pattern. She will be much better and happier and do better with her children than she otherwise would have, and she will bring up children who do not have the pattern transmitted on to them.

We can also follow estimates made in the prenatal clinic with observations of how the mother behaves in the delivery room, particularly how she behaves on her first contact with the infant. We can note how she accepts the infant, how she holds the infant in her arms, or whether she rejects the new baby. What mothers say about the baby at such a time is extremely informative. One mother might say, "Oh, he is a beautiful darling." Another mother will say, "He looks just like his no-good father. I don't like him." This latter, of course, indicates a very poor start for the baby, and we need very much to help people who are in difficulty at that time. One can see all the evidences of the pattern again during the first feeding experiences in the interaction between mother and baby.

All these observations are the tools which provide the clues to high-risk mothers who need help. We need to know more about early clues to difficulty and develop better technics of caring for parents who are in trouble and of children who are exposed to difficulty. This social disaster, this cruelty toward children which cripples them for the rest of their lives if we don't intervene early, warrants our most serious attention. Maybe we can in 20, 30, or 40 years, minimize the problem much as we have minimized in the past the problems of polio, empyema and other infectious diseases. We certainly hope so. There may be a great field for this kind of prevention in the child care of the future. ◄

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ELECTROCARDIOGRAM OF THE MONTH

Differential Diagnosis of Ventricular Tachycardia

JOHN C. BAILEY, M.D.
Indianapolis

IT is important from therapeutic and prognostic standpoints to differentiate paroxysmal ventricular tachycardia from other arrhythmias that may resemble it. It is often difficult or impossible to establish with certainty the presence of ventricular tachycardia by examination of the electrocardiogram. Arrhythmias that imitate ventricular tachycardia include supraventricular tachycardia with aberrant intraventricular conduction, supraventricular tachycardia with preexisting bundle branch block, and supraventricular tachycardia in the presence of the Wolff-Parkinson-White (pre-excitation) syndrome. Recognition of these conditions is aided by inspection of the QRS complex during normal sinus rhythm and during the tachycardia, by finding P or F waves that bear a definite relationship to the QRS complexes, by finding QRS complexes during normal sinus rhythm that are typical of the Wolff-Parkinson-White syndrome, or by observing the effects on the QRS morphology of ventricular rate change due to carotid sinus massage. The presence of paroxysmal ventricular tachycardia is suggested by the occurrence of three or more successive premature QRS complexes of bizarre configuration with a duration of 0.12 seconds or more. Sometimes independent, slower atrial activity (AV dissociation) may be seen, especially in leads 2, 3 and aVF. The diagnosis of paroxysmal ventricular tachycardia is established when there are occasional supraventricular capture beats or fusion beats.

In the electrocardiogram under discussion, normal sinus rhythm (4th, 5th, 6th, and last 3 QRS complexes) is interrupted by paroxysmal ventricular tachycardia. The arrhythmia is initiated by a premature ventricular complex that occurs when a portion of the ventricles has been discharged by the sinus-conducted impulse. Since the ectopic impulse and the sinus impulse are in competition for control of the ventricles, a fusion beat (labeled f) occurs. There follows a run of ventricular tachycardia. Independently occurring P waves are indicated by the arrows. Therefore, during the tachycardia, AV dissociation is present. When a P wave falls outside the ventricular refractory period (last arrow), that sinus impulse successfully engages the ventricles to produce a premature but normal-appearing QRS complex, a supraventricular capture beat (labeled c). Normal sinus rhythm then resumes. ◄

From the Krannert Institute of Cardiology, Marion County General Hospital, and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

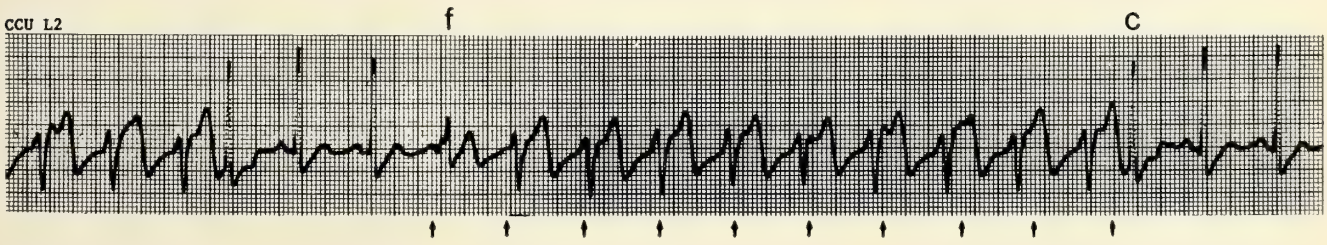


FIGURE 1
PAROXYSMAL ventricular tachycardia. Fusion and capture beats are labelled f and c, respectively. The arrows indicate P waves due to independent sinus node discharge.

CANCER CORNER

New information from
Indiana Division
American Cancer Society, Inc.
2702 East 55th Place
Indianapolis 46220

NATIONAL CONFERENCE ON ADVANCES IN CANCER MANAGEMENT, PART II: DETECTION AND DIAGNOSIS—sponsored by the American Cancer Society and the National Cancer Institute

WHEN: May 1, 2, and 3

WHERE: The Denver Hilton
Denver, Colorado

PURPOSE: Progress in the identification of groups at high-risk for cancer, improvement in diagnostic techniques and equipment and an increased research effort in these areas serves as the basis for this conference. Presentations by experts in the many disciplines involved will provide information that should improve the ability of the practicing physician to detect and diagnose cancer earlier and with greater accuracy.
Advanced registration is requested. There is no registration fee. Send name, address and title of specialty area to Sidney L. Arje, M.D., American Cancer Society, Inc., 219 E. 42nd Street, New York, NY 10017.
Hotel reservations should be made directly with the Denver Hilton.
Additional information may be obtained from your county ACS Unit or write the Indiana Division of ACS (above address).

Thursday, May 1 Sessions
9:00 a.m.-12:30 p.m.
CURRENT STATUS OF RESEARCH IN DETECTION AND DIAGNOSIS

* * *

HIGH RISK GROUPS: Industrial; Familial-Behavioral; Geographic

* * *

POPULACE AT LARGE: Who Are We Missing and Why? What Is Early Diagnosis Doing? What Should the Physician Ask?

* * *

2:00 p.m.-5:00 p.m.
ENDOSCOPY: Respiratory; Upper Gastrointestinal; Pancreas; Lower Gastrointestinal; Urinary; Female Genital; Cytopathology

* * *

Friday, May 2 Sessions
9:00 a.m.-12:30 p.m.
NUCLEAR MEDICINE: CNS Scan; Liver Scan; Skeletal Scan; Tumor Specific Nucleotides.

* * *

IMAGING: Thermography; Ultrasound; Computed Tomography; Lymphangiography; Angiography; Percutaneous Biopsy

* * *

2:00 p.m.-5:00 p.m.
LABORATORY AIDS TO DIAGNOSIS: Enzymes; Aryl Hydrocarbon Hydroxylase; Occult Blood; Pathology and Cytology; Immunology; Carcinoembryonic Antigen; Alpha-Fetoprotein; Hormones

* * *

Saturday, May 3 Sessions
9:00 a.m.-12:00 noon
DETECTION AND DIAGNOSIS BY SITE: Validity of Screening; Breast; Lung; Gastrointestinal Cancer; Gynecologic Cancer; Pancreas; Urologic Cancer; Skin; Head and Neck; Cancer in Childhood; Significance of Advances in Detection and Diagnosis of Cancer to the Family Physician.

PROCEEDINGS OF THE ACS AND NCI NATIONAL CONFERENCE ON VIROLOGY AND IMMUNOLOGY IN HUMAN CANCER: This 228-page publication contains the 30 papers presented to the medical and related professions at the 1973 National Cancer Conference. It offers comprehensive coverage of developments in research and clinical investigation in virology and immunology and the assessment and implications of this work in the prevention and treatment of human cancer.

MEDICAL AUDIO-VISUAL MATERIALS FOR PROFESSIONAL EDUCATION AND FOR SERVICE AND REHABILITATION (Motion pictures, audio tapes and filmstrips are available for free loan from the local ACS Unit. The following gives information about two motion pictures.)

TITLE: CANCER OF THE LARYNX AND HYPOPHARYNX
Code: #3751
Date: 1972
Time: 21 minutes
DESCRIPTION: Demonstrates the simplicity and advantages of routine indirect laryngoscopy in the family physician's office for all patients who have persistent hoarseness or sore throat. Endoscopic views of the normal larynx and of lesions of the supraglottic, glottic and subglottic regions are shown, and the natural history of cancer in these areas is outlined. The film shows dramatically the advantages of early detection of laryngeal cancer in preserving voice and reducing mortality. The rehabilitation of patients who require laryngectomy is demonstrated in patients who have learned to speak again with epsophageal voice or with mechanical devices.

TITLE: CANCER OF THE URINARY SYSTEM
Code: #3750
Date: 1970
Time: 20 1/2 minutes
DESCRIPTION: Reviews the signs and symptoms of urothelial and renal cancer cells. Diagnostic procedures including radiologic and cytologic techniques and cystoscopy are shown.
Principles of therapy, choice of modality and end results are discussed

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education
Indiana Division
American Cancer Society, Inc.

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of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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The Health Care Survey

THE survey of health care and medical services in Indiana which is being supervised by the ISMA for the Indiana State Board of Health has been expertly organized and is progressing in a very satisfactory manner.

The purpose of the survey is to collect valid information on medical service in Indiana and to determine the influence of the newer developments such as PSROs and HMOs on that service. No similar study has ever been done. The facts which will be assembled will be of considerable help in planning for the future.

The Association is fortunate to have Dr. A. C. Offutt as the principal investigator. The methods of survey and the wording of the questionnaires were recommended by Dr. Offutt a few months ago. After approval by the ISMA trustees the study was commenced

The survey has been conducted by personal interviews in part and also by a mail questionnaire which was sent to a random sampling of 600 physicians. The return of questionnaires has been above expectations. Over 50% of the forms have been returned and the data are now being compiled.

Tabulation by districts shows that there are some regions for which the response has been below 50%. Due to the fact that the most valid information will be obtained if the returns are uniform and, therefore, representative of the state as a whole, it is hoped that additional questionnaires will be completed and returned.

Hoosier physicians may be proud of their record of cooperation in this fact-finding study.

Breast Exam Clinic A Spectacular Success

PLANNED Parenthood of North Central Indiana, the Marshall County Health Department, the physicians of Marshall County, together with many public spirited citizens and cooperative patients are responsible for the organization of and the spectacular success of a breast examination clinic.

The national publicity which was occasioned by the surgical experiences of Mrs. Ford and Mrs. Rockefeller was apparently the catalyst which was needed to make an outstanding success of the breast clinic which had been started some six months before and which had met considerable opposition on the part of the public.

The Marshall County Nurse Administrator started discussion of the project and later enlisted the aid of the physicians. The County Health Officer, Dr. James S. Robertson, donated the space in his newly expanded offices which provided 10 examining rooms.

Assistance was provided by all the community clubs and organizations. Appropriate personnel were trained in a special course concerning the technic of self-examination. Teaching aids were obtained.

Local newspaper and radio publicity was scheduled. Two of the physicians produced a tape for radio broadcasting. The Assistant District Representative of the American Cancer Society assisted with the planning and the teaching aids.

Posters, church announcements, letters from famous patients who had undergone radical mastectomies, and letters from famous people who endorsed the program were used in abundance.

Twenty-two nurses volunteered for the clinic. Two hundred extra chairs were obtained for the waiting room. Not enough. More than 700 women attended the clinic. Examinations were completed for 488 of the attendees. Abnormalities were found in 55 patients, a ratio of one out of nine.

All the women in attendance were counseled on self-breast-examination. Records of examinations were made in duplicate and referred to the proper physician.

The Northern Indiana Public Service Company served coffee and cookies to all participants. The list of public spirited and commercial organizations joining in this endeavour is too long to reproduce here. Everyone in Plymouth and Culver must have had a part.

When asked what a breast exam

clinic had to do with Planned Parenthood, the co-chairperson, Mrs. Eugene Chipman, explained: "Planned Parenthood is concerned with the total family and what is a family without a mother?"

Emphasis Change Called For

DR. Joseph D. Cooper, professor of political science at Howard University, has proposed a change in the drug surveillance program in the U.S. He thinks that the FDA "has probably on balance made a negative contribution" to achievement of drug safety.

He believes that the public interest would be better served if control over new drug investigations were "largely transferred to the academic establishment and the medical profession" after FDA determines that the drug could be made available "under strict FDA-industry-profession" surveillance.

As reported in the *PMA Newsletter,* Dr. Cooper noted that, since 1963, the FDA budget has quadrupled, its staffing has tripled, and in spite of new functions and new powers, "it cannot be said that the American public is any safer or has more efficacious prescription drugs than other advanced countries that spend only about one-hundredth part of the budget entrusted to the FDA."

Dr. Cooper also has an opinion about politicians. He says that the politican's involvement in what have traditionally been scientific questions needs examination.

Guest Editorial

The American Trauma Society—An Organization to Sponsor

BECAUSE it was recognized by a young American surgeon in Korea in the early 1950s that a wounded soldier under wartime conditions had a far better chance of survival and complete recovery than the same injured person would have had in American big city environment (where the majority of our people are), and further that those in rural areas had even less chance, the concept of prompt and adequate care through a trauma society came into being.

Hoosier physicians can take pride in the fact that Indiana was one of the first states to organize a division of the American Trauma Society.

The problem is of incredible magnitude: 61 million Americans (1 in every 4) were injured in 1973, resulting in 117,000 deaths, 11.5 million persons were temporarily disabled, and 420,000 sustained permanent disability—at a national cost of $41.5 billion. Accidents are the fourth leading cause of death for all and are first among younger people. Traffic deaths alone amount to 55,800. The knowledge, skills and equipment to prevent such deaths exist but the ability to deliver such at the point of need is lacking.

Because the main cause of death from birth to age 37 is trauma, and since many more people are permanently disabled or become invalids for considerable lengths of time, the business of trauma merits concern and action. In September 1965 the Division of Medical Science of the National Academy of Sciences, National Research Council, published a statement on accidental death and disability, calling it the neglected disease of modern society.

American involvement in the Vietnam war lasted 11 years and 1 month. During this period 46,000 Americans lost their lives and 303,600 were permanently injured. Compare these figures with the 117,000 Americans who lost their lives in 1973 due to trauma—accidental death—and the 420,000 permanently injured that same year. Cost of the Vietnam war was $140 billion. If the American Trauma Society does not meet its challenge, in the next 11 years the toll will exceed $400 billion.

Physicians can lead the way by becoming Founding Members of the American Trauma Society. It is hoped that a structure comparable to that of the American Heart Association or the American Cancer Society may evolve, with many hundreds of non-medical members for every physician involved.

The Indiana Division is desirous that units involving counties with organizations at that level will become active. Community leaders are in great demand to lead in some facet such as communications, transportation, emergency care, public education, or simply to make financial contributions. Help is needed as follows:

1) Unit contribution of $10 to $24.
2) Sustaining contribution of $25 to $99.
3) Patron or Founding Member donation of $100 or more (such as have been made by many Founding Member Physicians).
4) Life Donor of $1,000 or more.
5) Corporate trust foundation or organizational contribution.

The Indiana Division needs contributions and assistance. Write to Peter B. Yaw, M.D., Chairman, Marion County General Hospital, 960 Locke St., Indianapolis 46202. **—Harry G. Becker, M.D., Indianapolis.**

Schoolchildren 'Discover' Economic Principles

SUPPOSE you could start with a blank slate and reinvent our complex economy. How would it turn out? What would be learned in the process?

The answers to these questions—and many others—are being learned by students participating in a fascinating educational experiment developed by Dr. Marilyn L. Kourilsky, an associate professor of education at UCLA.

It works like this: The teacher selects (or introduces) some popular activity or material that is in relatively short supply. The students then decide in class discussion how best to allocate among themselves the scarce commodity. They usually decide to use some form of price mechanism.

The next step is the creation of

official classroom money. The students also decide what actions should be rewarded with pay, and how much.

Students edge into a market economy by bidding with their pay for the original scarce commodity—often at auctions. The outcome leaves some short of cash. To get more, they either go into business—providing goods or services to their fellow classmates—or borrow from their classmates.

This chain of events leads the children into valuable discoveries about the nature and function of capital, interest rates, the banking system and even insurance.

The lessons to be learned about fundamental—and not-so-fundamental—economics from this experience are obvious. Not so obvious are other benefits reported by the teachers who have participated in the experiments:

- Students become highly motivated to learn the skills they need to function in this classroom economy.
- The urge to earn a buck tends to break down classroom cliques formed along racial or ethnic lines.
- Slow learners and students not sufficiently motivated by more ordinary classroom work often find that they can make a useful contribution to the economy of the mini-society.—**Arch Booth, President, Chamber of Commerce of the United States.**

Editorial Notes . . .

The piranha, a fish no one wants, is rapidly spreading throughout South American rivers. Another example of the balance of nature. The piranha's natural predator, the dorado, cannot thrive in waters with lowered oxygen content due to hydroelectric projects.

The Chicago Museum of Science and Industry has a new addition to the heart exhibit. The new section focuses on the three major risk factors for heart attacks: cigarets, high blood pressure and high cholesterol.

The government plans to limit reimbursement for all drugs purchased through department-administered programs to the actual cost of the drugs to the pharmacist plus a dispensing fee, but only for the lowest price at which the drug can be obtained, the government to choose the source which is cheapest. Findings by a top-notch professional committee recently that there are serious bioequivalence problems in some drugs are blithely ignored by the official statement that the FDA has the capability of assuring bioavailability. The regulations are expected to include the proviso that "If a physician certifies the medical necessity of prescribing a higher priced brand name of a drug on the maximum allowable cost list, the government will give full reimbursement."

The VA Chief of Anesthesia at Miami, Florida, Dr. Martin I. Gold, has reported recently on his evaluation of a tiny electrode which, when placed in an artery, will continuously montior oxygen tension. It has been used during anesthesia and also in the recovery room. This particular model is said to have overcome the disadvantage of previous monitors.

The American Civil Liberties Union has warned of the potential for invasion of privacy inherent in PSRO, National Health Insurance and other government endeavors. ACLU reports that its files are already full of complaints involving abuse of medical information.

An antidote for the toxic mushroom, Amanita phalloides ("The Destroying Angel") has been described in SCIENCE. The FDA has granted an investigational new drug application for thioctic acid. Any physician with a patient poisoned by Amanita can call the National Institutes of Health at Bethesda, Md., any hour of day or night and request the drug. It will be flown on the next plane. Symptoms are delayed; sometimes for several hours or a whole day after ingestion. The toxic course runs long enough to allow time to obtain the antidote and administer it for beneficial effect. *Amanita phalloides* is not a common mushroom in Indiana but does occur.

An air purifier to cleanse automobile exhausts has been developed to remove particulates, aerosols, some hydrocarbons and to transform CO to CO_2 and NO to NO_2. Especially good for toll booths, parking garages and auto tunnels. Tests in the Lincoln Tunnel showed pollution levels were substantially lowered.

Some states have or are considering the passage of a law to require pre-marriage rubella tests for women. Opposition is of two varieties. Some gynecologists warn of the danger of immunizing women who are already pregnant, or who may become pregnant in a few weeks after marriage. The other quibble is different: a group of citizens objected because of the inherent sex discrimination—men are not included in the test.

Basic fact: almost all acts of pollution became established because the process concerned was the most economical in the short run. As a consequence of this, almost all programs to lessen pollution are going to raise the price of the product. Federal environmental officials are urging state public utility commissions to permit power companies to include air pollution clean-up costs in their applications for rate changes.

The Purdue School of Civil Engineering reports that the solid waste business is a big one. Residential, commercial and institutional

sources create 250 million tons of solid waste per year. Packed in garbage cans and placed end on end this would make 25 stacks reaching from here to the sun. A profit of one cent per ton would produce a multi-millionaire in a short time.

"Smoking and General Mortality Among U.S. Veterans, 1954-1969" (DHEW Publication No. [NIH] 74-544) shows that those who had never smoked had the lowest probability of death. Mortality levels were highest among cigarette smokers, followed by cigar and pipe smokers, in each category risk was related to amount smoked. For those who smoked and stopped the mortality was lower than for smokers but higher than for non-smokers. The publication is available on request to NHLI Public Inquiries and Reports Branch, Bethesda, Md. 20014.

Bruce Wolff says: "Generic prescribing advocates believe that brand name drugs are more expensive because of promotion costs and excessive profits. Ample evidence attests that eliminating promotion expenses—and even the profit—from the nation's drugs would lower the average American's annual medication bill by something like $3.00.

The apologists for PSRO have only one point in its favor—that the government needs and should have some mechanism to prevent misuse of the Medicare and Medicaid programs. This implies that PSRO will save the public some money. The state of Utah, in which a PSRO-like system has been in action statewide for some time, reports the expenditure of $800,000 in the rejection of about fifty claims. Even if the claims averaged $10,000 each, which they probably did not, the "reverse profit" on the PSRO transaction is scandalous.

A malaria vaccine for human use may be available in the near future. Tests on laboratory animals indicate that one vaccination is effective for nine months. The investigators hope that the initial immunization will be reinforced naturally by inoculation by infected mosquitos. The vaccine is produced by allowing malaria parasites to reproduce in a tissue culture of bone marrow cells.

The government is proceeding with its plan to reimburse Medicare and Medicaid patients for their drug bills on the basis of maximum allowable cost, which amounts to saying they will pay on the basis of the cheapest preparation that they can get away with. The Pharmaceutical Manufacturers Association is advocating legislation to require a manufacturer to be certified annually; require expiration dating for all prescription products, with a five-year maximum; require identification of the manufacturer on each solid dosage form or its container; and require identification of the actual manufacturer on the product labeling.

The AMA is urging Congress to halt tobacco subsidies, on the theory that everyone would be better off without tobacco and that the tobacco farms might be better used to produce food. Certainly paying price supports for tobacco is a waste of tax money.

Senator Kennedy wants a law to give the FDA authority to run an early warning system for potential shortages of important drugs. The heparin shortage was due both to greatly increased usage and to changes in the meat packing industry whereby intestinal mucosa was not obtained because intestines were not processed to obtain casings. Ampicillin shortage was due principally to a bacterial problem in Bristol's sterile bulk plant which necessitated a long shutdown. Now comes shortage of morphine and codeine due to worldwide discouragement of opium raising.

As experience with compact cars increases, it is evident that while they are easy on the gas they are proving to be not so safe as the large cars. "The injury picture for belted drivers in sub-compacts is almost identical to the situation for unbelted drivers in standard sized cars." "Traffic Light," the newssheet of the Indiana Traffic Safety Council, advises safety education in abundance as the proportion of small cars rises every year. The problem is not that of a large car colliding with a small car—the risk of severe injury and death is about twice as great when two smaller cars crash than when two larger cars crash.

Donors of kidneys can generally expect to lead a healthy, productive life with little if any change in their life styles. Among 300 kidney donors at Peter Bent Brigham Hospital over a 19-year period, only 4.3% had a major complication. Twenty-four percent suffered minor problems. There was only one death. Throughout the world there have been five other deaths of donors in the past 20 years.

The FDA has published pediatric guidelines for evaluation of safety and efficacy of drugs in children. Three out of every four systemic drugs carry a disclaimer for pediatric use because of insufficient testing in children. Solving this problem will also help in the evaluation of drugs for pregnant women. The American Academy of Pediatrics Committee on Drugs recommends that drugs be tested in children only after the drugs are shown to be reasonably safe and effective in adults; also that tests be carried out only in those children who require treatment and stand to benefit directly. The committee also said that drugs not studied in children should never be used in children or pregnant women.

The lowering birth rate gets lower and lower. Between 1970 and 1971 births decreased by 4.7%, and then

dropped by 8.3% the next year. In 1973 the absolute number was 3,150,000—the fewest in any year since 1945.

The U.S. Supreme Court in 1898 announced that: "It is fitting not merely that he (the physician) should possess a knowledge of diseases and their remedies but also that he should be one who may safely be trusted to apply these remedies. Character is as important a qualification as knowledge." Character is by far the most important attribute. People worry too much about what doctors know. The most poorly instructed doctor is safe if he is honest with himself and obtains help. The most brilliant doctor in the world is no good if he is unscrupulous.

Newhouse et al. in the NEJM estimate that a full coverage national health insurance program will overload the ambulatory services and create chaos. Also, they predict a lowering of quality. In 20 years health care has risen from 5% of the GNP to 8% as of today. The estimate for national health service is 11%. Picture these data against two of the goals of NHI—namely, no increase in cost and guaranteed access for everyone to good health care.

At least two pharmacy leaders, one in government and the other in the APhA, have stated that the Maximum Allowable Cost plan for drug reimbursement for government patients will not lower drug quality. This is utter nonsense. As a matter of fact, the MAC plan substitutes price for quality as a standard for drug manufacture from now on. No one can contemplate a research-oriented company utilizing 860 quality control tests in making a drug preparation and selling it for less than another company which uses 60 control tests. Any manufacturer who produces a drug of equal quality to another will find that the cost is the same. Cheap drugs are poor quality drugs.

HEW is proceeding with plans and regulations to implement the desire of the government to utilize the "maximum allowable cost" scheme by which Medicare and Medicaid patients will be reimbursed for drug purchases. Dr. Theodore Cooper, acting assistant secretary for health, emphasizes that the program will not prohibit recipients from purchasing drugs at costs above the government-set maximum, but the program will not reimburse for amounts above the limit. It is to be hoped that patients will be wise enough to stay with the reliable drugs to which they are accustomed. Cheap drugs are not all dangerous, but some of them are, and with price the dominant motive in manufacture, more and more of them will be dangerous in the future.

"Massachusetts Physician," in commenting on Congressional "experts" says this of Senator Kennedy: "Rather than telling pharmacists and MDs how best to look out for the patient's interest we suggest that the Senator direct his efforts toward preventing the country from going down the economic drain. If the United States 'progresses' at its present rate there may not be any new drugs on which to spend two hours study per week, no gasoline to permit the patient to come to our offices, and no job for the patient that will make it possible for him to buy any drugs, generic or otherwise."

The Wall Street Journal is quoted as saying that the government's failure in treating 488,000 Indians inspires little confidence that it would do any better job in treating the health needs of more than 200 million other Americans.

Professor Gilbert Banker of Purdue has developed a new method for controlled release of drugs. It is called "molecular-scale drug entrapment." Absorbability and bioavailability are improved but the great advantage is that the new drug form will not lead so easily to toxicity with overdose. Banker recommends that barbiturates, aspirin and antihistamines be formulated in this way.

The Committee on Fetus and Newborn of the American Academy of Pediatrics reports the finding of brain damage in prematurely born infants who were bathed all over with full-strength hexacloraphene preparation. The Committee recommends either no bathing for premature newborns, or bathing with sterile water and mild nonmedicated soap on head and face only, except for cleansing of the diaper area when needed. The Academy says: "The best bath for a newborn baby is no bath."

"Hand nebulizers should not be prescribed routinely for the treatment of asthma in children and adolescents." Researchers, writing in PEDIATRICS, report dangerous effects of both the drugs and the aerosol propellants. Fluorocarbons which are used as propellants can induce severe heart irregularities. Also isoproterenol in large doses can cause a paradoxical lowering of oxygen level in the blood. ◄

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THE FAMILY LAWYER

CONFIDENT DRINKER

Fred was haled into court on a charge of drunk driving, after a blood test showed an alcoholic content of more than .15%. According to local law, this created a presumption that he was "under the influence."

But in his defense, Fred argued that such a presumption was unconstitutional.

"No two individuals are alike in their ability to tolerate alcohol," he said. "I happen to be able to hold my liquor better than most people."

However, the court upheld the presumption and found Fred guilty as charged.

"Medical science," said the court, "has established a rational relationship between the percentage of alcohol in the blood and (the) condition of being under the influence of alcohol. Sobriety decreases as the percentage increases."

The idea of a presumption of intoxication, at a certain alcoholic level in the blood, has spread nationwide. Almost invariably, it has been held to be constitutional.

Nor can a motorist avoid taking a sobriety test on grounds of self-incrimination. Traffic laws usually provide that a motorist consents in advance, when he takes out his driving license, to submit to testing or lose the license.

Of course, the test must still be administered properly to stand up in court. Suppose that the equipment was inadequate. Or that too much time elapsed between the arrest and the test. Either circumstance could invalidate the results.

In one case, the officer who had administered a sobriety test acknowledged at the trial that he was not well trained in operating the device.

Result: the defendant motorist was set free. The court said the law would not automatically accept test results as valid merely because they happened to come out of a machine.

A public service feature of the American Bar Association and the Indiana State Bar Association. Written by Will Bernard.

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DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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ABSTRACTS, BOOK REVIEWS

HEROIN ADDICTION IN BRITAIN

Horace Judson, Harcourt, Brace, Jovanovich, New York, 1973.

In this book journalist Horace Judson contrasts the approach to heroin addiction in the United States with that in Britain. The American method of abrupt withdrawal and methadone maintenance is contrasted with the more permissive British approach to the problem. A paragraph from the book is especially revealing: "What everybody knows about the British and heroin is that they supply it on prescription to heroin addicts. The common knowledge obscures the fact that, in the years since the clinics opened, their aims have changed. The doctors have quietly refused to remain merely agents of social control: though they recognize the role, and acknowledge there are addicts whose addiction can only be supported, the clinic staffs have gradually come to have a commitment to the eventual integration of the addict into the community, and to the diminution of doses. In this fundamental respect, the English approach to heroin maintenance is the reverse of the surrender that many Americans take it to be."

The author's measured opinion is that the British method works very well—for British. The humanistic attitude underlying the British approach was well expressed by an English physician, who said, "We have made it possible in this city for the addict to live without fear."

The book is well written, remarkably well documented, and should be read by anyone interested in solving the problems of heroin addiction.

W. D. SNIVELY, JR., M.D.
Evansville

ALPHA-GENICS: HOW TO USE YOUR BRAIN WAVES TO IMPROVE YOUR LIFE

Dr. Anthony A. Zaffuto, Mary Q. Zaffuto, 245 pages with references and bibliography, Doubleday & Company, Inc., New York, 1974; $6.95.

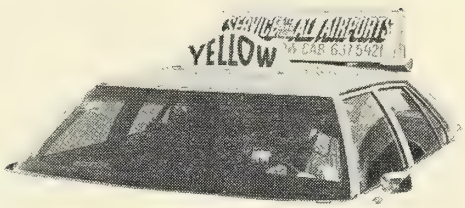
The critical reader will probably be "turned off" by the book cover which promises a method that will "Handle Tension, Sexual Difficulties, Weight Control and other problems the Alpha way—without monitoring Devices." In addition, the foreword seems somewhat unrealistic in promising through Alpha-genics a degree of self-regulation and self-mastery that we associate with the great mystics. We are told that this is easily within the reach of every man, woman and child.

Throughout the book we are constantly told that this is a technic for controlling brain waves and that, in particular, we are trying to produce an alpha brain wave state. Alpha-genics, like other commercial mind control courses, in fact, is based primarily on a technic of self-hypnosis and has relatively little to do with the state of one's brain waves. Of course the state of relaxation that is suggested for the induction of the proper state of mind, together with a certain amount of meditation that is involved in some of the exercises, would produce a significant increase in alpha waves.

The first half of the book teaches the technic of Alpha-genics and the second half goes into the use of this in behavior modification and in the treatment of psychosomatic illnesses.

Continued

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The Chicago Medical Society
Invites You to Its
31 Annual
Clinical Conference
being held concurrently with the
Illinois State Medical Society
135th Annual Meeting

Chicago is a health capital of the United States. With six medical schools, over 110 hospitals in Cook County, several clinics and a host of knowledgeable private practitioners, a wealth of talent has been drawn from the various disciplines to assure a highly informative Midwest Clinical Conference—the best to date. Additionally, the city is the headquarters for several specialty societies . . . many of whom will present informative scientific sessions at the Midwest Clinical Conference.

This year's conference, planned in conjunction with the Illinois State Medical Society's annual meeting, will present sessions highly diversified and in-depth about topics of deep concern to physicians. For example, the outcome of National Health Insurance is still not known, but the deadline for a plan is fast approaching. The vexing problems of malpractice and the high cost of medical care are other challenges facing physicians. Information about these and other issues will well equip the physician as he adds his voice in organized medicine's attempt to influence strong, effective and practical solutions.

This, CMS' 31st Annual Clinical Conference, will provide an opportunity for the medical profession to engage in effective dialogue about many medical problems.

There will be ample opportunity to attend the many specialty society programs of a broad range of interest. A full program is also being planned for the ladies and they will be able to avail themselves of the many sights and sounds of Chicago.

For further information about the scientific program and registration, please write or call the Chicago Medical Society, 310 South Michigan Ave., Chicago 60604. Telephone: (312) 922-0417.

Included in the second half is a chapter on the treatment of sexual difficulties that uses some of the technics of Masters and Johnson. It is difficult to see how this is related to brain wave frequencies.

I feel sure there are people who would be helped by Alpha-genics if they would follow the exercises diligently. However, I suspect that it would be an unusual individual who would have enough self-discipline to do this from written instructions. An enthusiastic teacher would be a big help.

This book does have many references and a good bibliography, if one is interested in following up on any of the statements made in the book. It would be helpful to the average physician, primarily in giving him the understanding of the type of mind control courses that many of his patients are taking. He might feel that he has certain patients who would be helped by such a training program. It is unlikely that many physicians will turn to Alpha-genics for a solution to their own problems.

ELTON HEATON, M.D.
Madison

CARDIOVASCULAR PHYSIOLOGY

MTP International Review of Science, vol. 1, consulting editor, A. C. Guyton, M.D., Ph.D., University Park Press, Baltimore, 1974; 350 pages with excellent tables, illustrations, etc., in nine chapters, each one dealing with a specific, quite technical aspect of the subject and written by noted experts from as far away as Australia and England, to say nothing of authors from prestigious centers in the USA; $19.50.

Having reviewed Guyton's "Textbook of Medical Physiology" (*JISMA*, Nov. 1973, page 1043), I was truly delighted to have the opportunity of reading the present tome, of which he is the "consulting editor." He did not disappoint me. The going is a mite tough but that is my fault. Integral calculus was never my forte and the painstaking derivation of such items as Poiseuille's Law, followed by a mathematical analysis of sound generation, "transition from laminar to turbulent flow" and other such bits of esoterica were hard for me to follow.

Suffice to say that every generation develops "the leading text book writer" and that Dr. Guyton is certainly filling that niche most ably. It would be invidious "chutzpe" on my part to go into specifics. The college professor *and* the medical student can leaf their way through this volume and find what they seek. What more needs to be said?

The paper, binding and printing are up to the usual high standards. The typographical errors are few and trifling, indeed. This monograph can be recommended without reservations of any sort.

ARNOLD LIEBERMAN, M.D.
New York City

HANDBOOK OF MEDICAL TREATMENT

Edited by Milton J. Chatton, M.D., 14th edition, Lange Medical Publications, Los Altos, California, 1974; 612 pp. plus index of 28 pp., soft cover, "large pocket" size; $7.50.

Any book capable of sustained support through 14 editions is not to be laid aside as a "mere bandbook." Eighteen different authors (including the editor) are involved and there are 23 chapters covering a systematic classification of diseases and disorders. One author is from New York, the rest from New Mexico, Arizona and California (15 from the last). Dr. Chatton is clinical associate professor of medicine, Stanford University School of Medicine.

The content is presented in a very readable and succinct style, with numerous cross-references and an eye to practical use of a real **manual** rather than a learned dissertation. In outlining treatment, a good example of practicality in clinical use is the notation in parentheses of a given drug's trade name

immediately following its generic designation. For a busy doctor (student, house officer or practitioner) this will be a great time saver, and make for ease in reading and in connecting the terms in one's memory. This method is far better than putting the extra information in a footnote, or, as in some journals, at the end of the discourse.

The typography is only fair, as it seems to be a reduction of typewritten material, too small to be read without effort.

The scope is broad, and includes up-to-date topics such as chemotherapy of neoplastic diseases. Furthermore, the discussion of such complicated subjects in all fields (not only cancer) is accompanied by charts, in table form, which for the most part are self-explanatory and are clearly an aid to comprehension.

All in all, this book measures up to its title and in my opinion is well done and, since its size has been held down so as to fit an interne's white coat pocket, the typography can be lived with.

A. W. CAVINS, M.D.
Terre Haute

AUDITORY STIMULUS-RESPONSE CONTROL

Edited by R.T. Fulton Ph.D., preface by James Jerger, Ph.D., University Park Press, Baltimore, 1974; $12.50; 163 pages including an unusual appendix.

As M.D.s, we are constantly encountering esoterica that—at first glance—may seem unimportant and yet it is just "cookbooks" such as this modest little volume that add ever new dimensions to our clinical studies!

The physiologists who performed the studies present us with models of the procedures needed to evaluate the auditory responses from difficult-to-test, severely retarded children. That is surely no mean accomplishment. The modesty of the authors makes the whole thing just that much more worth while. The very innovative techniques should be applicable in other virgin fields as well.

The otologist will certainly want to have this volume on his shelf. School teachers can gain much by perusal of this monograph. The connection with auditory discrimination, sensory thresholds, and the acoustic signal gives a chance for speech perception; puretone threshold measurements enable the formulation of SIS (short increment sensitivity index) with all that is implied therewith. The printing, binding and clear type are excellent. All in all, an excellent job in its unusual area!

ARNOLD LIEBERMAN, M.D.
New York City

CLINICAL DIAGNOSIS BY LABORATORY METHODS

15th edition of Todd-Sanford by Israel Davidsohn, M.D., and John B. Henry, M.D., W.B. Saunders Company, Philadelphia, 1443 pages; 740 illustrations (85 in color); 1974; $28.85.

Some 30-plus collaborators—many of the new ones representing the THIRD generation updating this 66-year-old work) have again brought up to the minute this leader in its field. What started out as a typical "cookbook" sort of manual, is now so self explantory and teaching in its style that just about anyone reading it thoroughly is well on his way to being a good doctor.

The steadily rising price cannot be caviled if inflation is taken into consideration. My gripe of five years ago (*JISMA*, Aug. 1969, p. 962) went unnoticed. I'm still upset about the Table of the elements presented to us on the front and back inside covers of the book. The going names of the elements are

Continued

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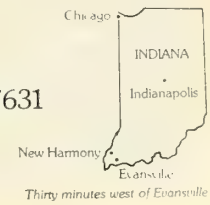


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left out. Do you know Yb (Yetterbium) from Y (yttrium)? Well! It would not hurt the editors one bit were they a bit more informative! There *is* the concession of inserting the various changes possible; also, they insert the "Lanthanides" and the "Actinides"—without expatiation, it is true, but those meanings are not too abstruse. And—while trying to teach a bit of modern chemistry—why not use the back inside cover for the presentation of the "indivisible" atomic nucleus: all 32 parts of it? And the names of all those still rather esoteric termins! Or does "matter" and "anti-matter" deter them?

Be all this pejoration as it may, the monograph is still the leader in its field with all that this implies. As usual, the paper, printing and binding cannot be caviled. It is still THE handbuch dominating its field.

ARNOLD LIEBERMAN, M.D.
New York City

ATLAS OF FLEXIBLE BRONCHOFIBERSCOPY

Shigeto Ikeda, M.D.; National Cancer Center Hospital, Tokyo, Japan, Published in U.S.A. by University Park Press, Baltimore, 1974; Price not stated (I believe it is in $60.00 range); 230 pages; gorgeous color photos on practically every page.

This exquisite volume is stated as actually having been printed in Japan.

Bronchoscopy was discovered at the very turn of this century. However, it did not really become a separate discipline until the *flexible* instrument was devised after WWII. Before that, only a few venturesome souls—Chevalier Jackson, for one—made routine use of the instrument. With the decline of tuberculosis and the concomitant rise in the incidence of pulmonary cancer, it became, most literally, a matter of life and death to be able to diagnose the malignancy at the earliest, still operable stage.

The present author goes beyond recognizing the usual 18 lung segments and has devised what amounts to a more detailed, newer nomenclature of the lung subdivisions. Dr. Ikeda goes down to the *fifth* branching (no less) in his groundwork! The actual monograph has two broad divisions: the *general*, in which he discusses the minute details of his technics; and the *Case Presentations* in which he talks about 56 actual cases. He closes with a couple of instances of foreign bodies in the lungs.

The paper, binding and printing are unsurpassable; I've never seen more gorgeous color plates. All in all: this is a monograph not only for the dedicated specialist but also for just about any M.D. interested in seeing what can be done. Certainly, every hospital library should have it on its shelves. No specialist in the field can afford to be without a copy. Congratulations all around!

ARNOLD LIEBERMAN, M.D.
New York City

DYE CURVES, THE THEORY AND PRACTICE OF INDICATOR DILUTION

Edited by Dennis A. Bloomfield, director of Cardiac Catheterization Laboratory, Downstate Medical Center, Brooklyn, N.Y., University Park Press, Baltimore, 1974; 450 pages with numerous graphs, tables and detailed mathematical formulae derivations; $27.50.

Whether this volume is "the most up to date and authoritative" overview in its field, is beyond my knowledge. It *is* a really comprehensive clinical reference and manual of procedures on indicator dilution technics and theory. Laboratory based cardiologists and teams working with them in coronary care units certainly should be able to have ready access to problems confronting them.

There is one specific "beef" that makes me a mite indignant. Usually, the work done by the publisher is impeccable with its finished products. In this specific volume received by me, I was astounded to find no less than two places where the printed sheets were crumpled together into an unmanageable mess

In order to read the desired material, I had to carefully "dissect" out the "mish-mashed" pages, straighten them out and only then paste them slowly and carefully into their proper niches! I take this to be prima facie evidence that somebody had been grossly negligent in the inspection of the finished product. Somebody at the University Park Press should run down the guilty party and see to it that such a thing does not happen again!

ARNOLD LIEBERMAN, M.D.
New York City

THE PHYSIOLOGICAL BASIS OF STARLING'S LAW

Ciba Foundation Symposium #24 (New Series), chaired by A. Guz of Charing Cross Hospital, London, England; Elsevier Scientific Publishing Co., New York, 1974; 298 pages; splendid electron microscope illustrations, tables; $18.50.

We are all familiar with Starling's Law. Guyton puts it succinctly as follows: "Within physiological limits, the heart pumps all the blood that comes to it without allowing excessive damming of blood in the veins" (p. 156, 4th ed.: see *JISMA*, Nov. 1973, page 1043). Of course, this very carefully avoids the topic of neurological control that—ever since the pioneering work of Ahlquist after WWII—goes into great detail on the alpha and beta receptors: agents that stimulate and agents that block.

This symposium, which was held in September 1973, is



worthwhile, for it takes into consideration our newest knowledge on actin, myosin, tropomyosin, sarcomeres and all the details made evident to us by the magnification of the electron microscope. The score or so of those participating were clear in their expositions and the novice in the field cannot help but be enlightened.

As usual, the paper, binding and printing are of the highest quality. I noted only a couple of trifling typographical errors. All in all, this volume belongs on hospital and medical school library shelves. Aspiring medicos can expect—and obtain—what they seek.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

ROLE OF RECUMBENCY IN PREVENTION AND TREATMENT OF POSTSPINAL HEADACHE

R. J. Jones (6071 W. Outer Dr., Detroit 48235)
Anesth. Analg. 53:788-796 (Sept.-Oct.) 1974

The relationship between the length of time patients are kept recumbent after a spinal anesthetic and the occurrence of a postspinal headache was investigated. A total of 1,134 patients were kept recumbent for periods of time ranging from 4 to 12 hours, (approximately 125 in each group). The percentage of headaches in each group varied widely and followed no clean-cut pattern. This suggested that there is no relationship between how long patients are kept recumbent and the incidence of headache. Better patient acceptance of spinal anesthesia can be achieved by allowing the patients to ambulate as soon as adequate motor function returns.

MORTALITY AND WATER HARDNESS IN THREE MATCHED COMMUNITIES IN LOS ANGELES

S. P. A. Allwright et al. (R. Detels, UCLA School of Public Health, Los Angeles 90024)
Lancet 2:860-864 (Oct. 12) 1974

Residents of three Los Angeles area communities supplied by water of different hardness were matched for age, sex, race, income, socioeconomic status, and stability using 1970 census data. Age- and sex-adjusted death rates in these three communities from six types of heart disease and from malignant neoplasms, and infant and neonatal mortality were compared with each other and with the corresponding rates for Los Angeles County and the United States. Mortality from malignant neoplasms was used as a control for confounding variables. No consistent association was found between deaths from heart disease, infant mortality, or neonatal mortality on the one hand and degree of water hardness on the other.

RAPID RESOLUTION OF CORONARY ARTERIAL EMBOLI: MYOCARDIAL INFARCTION AND SUBSEQUENT NORMAL CORONARY ARTERIOGRAMS

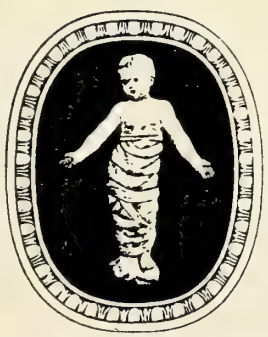
R. J. O'Reilly (St. Mary's Hosp., Long Beach, CA 90801) and R. D. Spellberg
Ann. Intern. Med. 81:348-350 (Sept.) 1974

Two patients were studied in whom acute embolic coronary occlusion with subsequent myocardial infarction occurred during cardiac catheterization. On follow-up angiographic examination 5.5 and 8 weeks after the infarction, normal coronary vessels were seen with no residual defect at the site of the previously proved occlusion. Coronary emboli are capable of rapid resolution. Coronary embolization with subsequent canalization or lysis merits consideration as a cause of myocardial infarction with subsequent normal coronary arteriograms.

PRIMARY SCLEROSING CHOLANGITIS

M. A. Oviedo et al. (E. F. Scanlon, 2500 Ridge Ave., Evanston, IL 60201)
Arch. Surg. 109:747-749 (Dec.) 1974.

Three patients with primary sclerosing cholangitis confirmed by histologic examination were treated successful with prolonged (three to six months) common duct drainage. No steroids or antibiotics were used. They are alive 14, 5, and 1½ years postoperatively. ◄

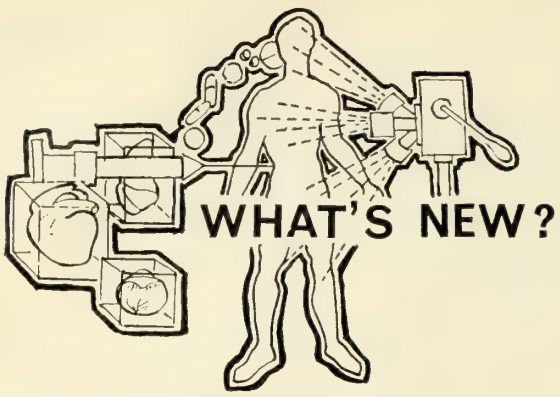


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Residential Care and Treatment • Social Development • Individual and Family Counseling • Continued Education • Outpatient Care and Treatment • Medical and Dental Care • Licensed Adoption Services — Since 1894.



Ortho is introducing MODICON™ Tablets, a new lower-dose oral contraceptive with higher-dose effectiveness. MODICON combines a low amount of estrogen (0.035 mg ethinyl estradiol) with a low amount of progestin (0.5 mg norethindrone). Patients taking MODICON have a low drop out rate and a low rate of amenorrhea.

* * *

A. H. Robins Company is planning to market a new model of the Dalkon Shield in a few months. It will have a monofilament string, new labeling, new physician and patient brochures and patient registry materials. In the meantime the company is collecting and making refunds on all the old models not already in use. Patients with the old models in place are advised to not disturb them but to consult their physician if any untoward symptoms develop.

* * *

Geriatric Pharmaceutical has a new product ISO-BID CAPSULES (Isosorbide Dinitrate) 40 mg sustained release for sustained prophylaxis in angina pectoris. A dosage schedule of 1 capsule every 12 hours is especially effective for nocturnal angina. Breakthrough pain may be treated by sublingual nitroglycerin.

* * *

A national campaign, called REACH OUT, was designed to find hidden urinary tract infection among schoolgirls. It is conducted by a public service of the Ames Company called Disease Detection Information Bureau (DDib). A reagent strip, MICROSTIX® is the testing procedure.

* * *

Technicon announces CBC-4, a new semiautomated system for measuring red blood cells, white blood cells, hemoglobin and hematocrit. Technologists can learn to operate the CBC-4 in a matter of hours. It may be left in a "wet" standby mode. Stat samples can be analyzed immediately without the need for time-consuming start-up procedures.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

IMPORTANT INFORMATION: *This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.*

Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

Adverse reactions: Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

Dosage and administration: ***Lomotil is contraindicated in children less than 2 years old.*** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

Address medical inquiries to:
G. D. Searle & Co.
Medical Department, Box 5110,
Chicago, Illinois 60680

454 R

When diarrhea has his number...



Lomotil puts him back in the game.

Physicians and patients both want prompt control of the symptoms of diarrhea. A rapid, uncontrolled loss of fluids and electrolytes can cause a medical crisis, particularly in children, and in patients who are seriously ill, or in people who are badly undernourished.

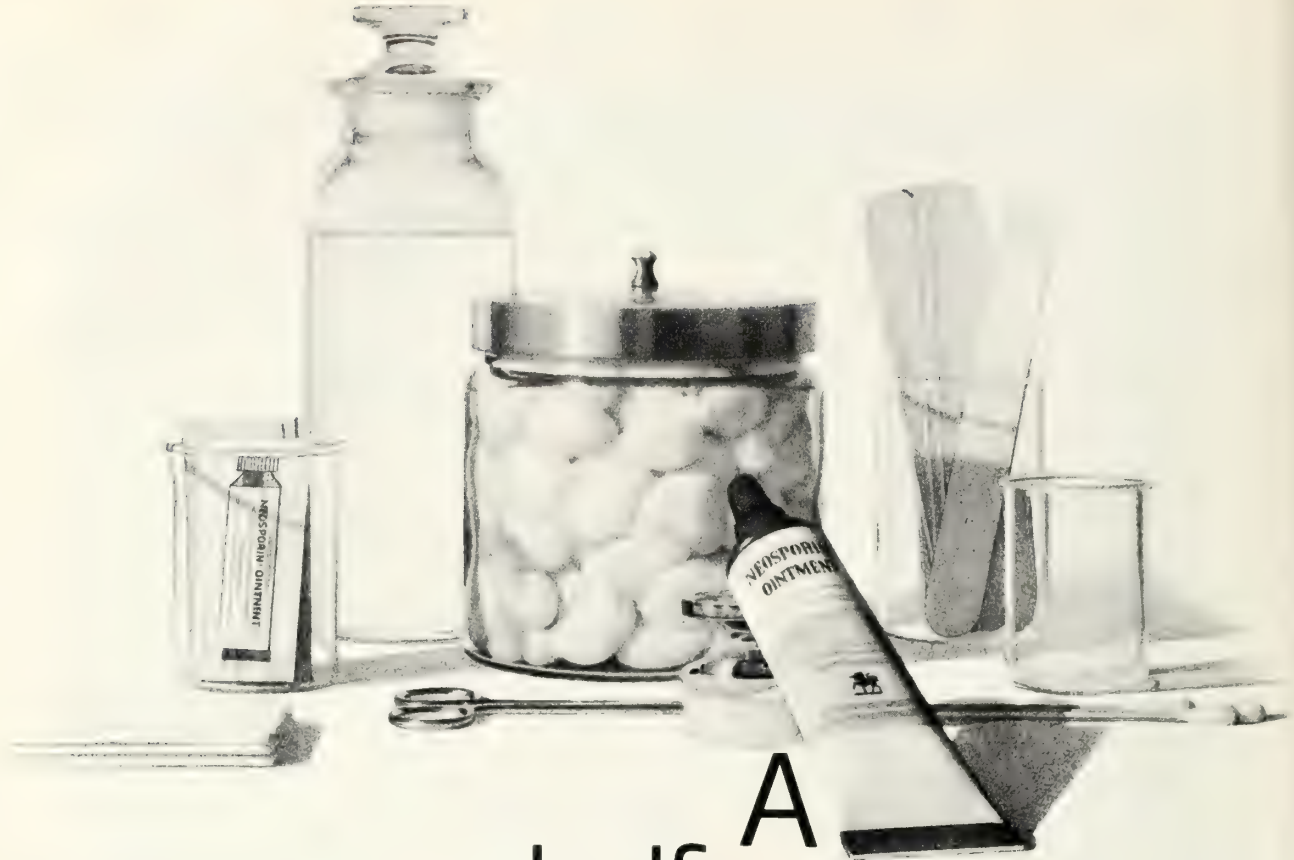
Lomotil usually stops diarrhea promptly. This rapid action halts the emergency aspect of diarrhea and is comforting and reassuring to the patient. Electrolyte and fluid losses can be corrected while the specific cause of the diarrhea is being determined. If an infective agent is the cause, appropriate antibiotic therapy should be given along with Lomotil.

Lomotil has few side effects, and those that do occur are generally mild.

Lomotil®
TABLETS/LIQUID

Each tablet and each 5 ml. of liquid contain:
diphenoxylate hydrochloride 2.5 mg.
(Warning: May be habit forming)
atropine sulfate 0.025 mg.

Usually stops diarrhea promptly.



A half-ounce of prevention

Use it to prevent a topical infection. Or to treat one that's already started. In either case, it's good medicine. Whether for lacerations, burns, open wounds, IV catheter or surgical aftercare. Neosporin® Ointment provides broad antibacterial coverage against common susceptible pathogens. And since it contains three antibiotics that are rarely used systemically, the risk of sensitization is reduced. Neosporin Ointment. A half-ounce of prevention. Also available in a full ounce of prevention and in convenient foil packets.

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Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs.
In tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

INDICATIONS: *Therapeutically,* used as an adjunct to appropriate systemic therapy for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.
Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the eyes or external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of th body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of pers allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. Pl

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Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Neither inconvenient potassium supplements nor special K^+ rich diets needed as a rule. Just 'Dyazide' once or twice daily for maintenance.



Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

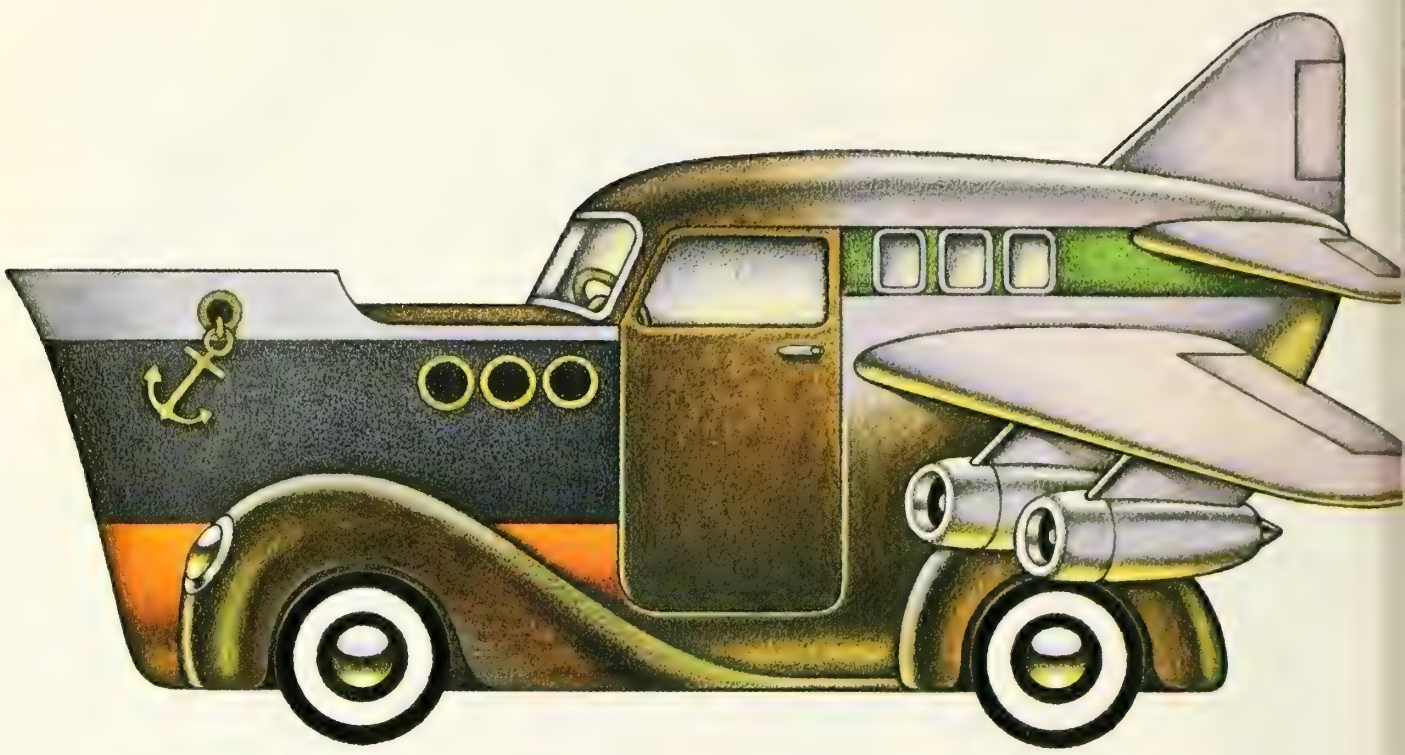
Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

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On land, sea, and in the air...

Up to 24 hours of effective control with a single dose...in nausea, vomiting and dizziness associated with motion sickness.

Dosage: 25 to 50 mg. 1 hour before travel.

Available on prescription only.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

CONTRAINDICATIONS. Administration of Antivert during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25 Chewable Tablets
(meclizine HCl) 25 mg.
for motion sickness

The Woman's Auxiliary Reports to ISMA



Our guest writer this month is Marcia (Mrs. Gene) Laker of Fort Wayne. She is State Chairman of Community Health.

Beth Bowen

Mrs. Otis R. Bowen
President

"Thank you" is my first thought; thank you for being a good man and thank you for being a good doctor. You know in your heart when this is true; the best lesson, for your family and for your patients, is a good example.

Being a doctor's wife is both an honorable and demanding calling. Many good women have answered that call! Perhaps we should take your motto—Do No Harm—as our own. Certainly we support you in your efforts to cure the sick and to comfort those who cannot be cured. But our first responsibility is to you, to support you in your life and in your work. Particularly, we would like to be of help when and where help is needed. Generally it is unrewarding to do any job that really was not needed.

Which brings us to the topic I am charged with for your state Auxiliary: Community Health. Each patient you care for is part of a community. Sometimes a support group can be judiciously used to start or implement a program that will be of benefit to a larger number of people than seems immediately apparent. Some areas we have taken action in recently are abused and neglected children, unimmunized preschool children, and the elderly in their homes and institutions. You are in a position to know where help is needed in your practice and in your city or county.

There are times in life when we do need someone to speak for us; to defend, to protect, to preserve. Let us, as doctors' wives, speak for you and with you.

Marcia Laker,
(Mrs. Gene Laker)
Community Health Chairman

Why is Gantanol® (sulfamethoxazole) basic therapy in nonobstructed urinary tract infections?

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic nonobstructed urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms. **Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections.** Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or pre vent sequelae (rheumatic fever, glomerulonephritis of such infections. Deaths from hypersensitivity reac tions, agranulocytosis, aplastic anemia and other bloo dyscrasias have been reported and early clinical signs (sor throat, fever, pallor, purpura or jaundice) may indicate seriou blood disorders. Frequent CBC and urinalysis with microscopi examination are recommended during sulfonamide therapy. Insuff cient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal o hepatic function, severe allergy, bronchial asthma; in glucose-6 phosphate dehydrogenase-deficient individuals in whom dose related hemolysis may occur. Maintain adequate fluid intake t prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplas tic anemia, thrombocytopenia, leukopenia, hemolytic anemia, pur

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pura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis).

Usual adult dosage: 2 Gm (4 tabs or teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

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In December 1971 **The Journal** carried on its cover a reproduction of the above red ball and mentioned in its "About Our Cover" item that the "red ball rescue program, designed to assist in the rescue of children and invalids trapped in burning houses is receiving wide acceptance throughout the country."

A recent check with the worldwide headquarters in Indianapolis of American Red Ball Transit Co., Inc. produced the information that they have shipped more than 14 million of these Operation Red Ball stickers to all 50 states and to Canada and Mexico. In addition, some have been sent to overseas points as requested by military servicemen. Jaycees throughout the country are cooperating in the promotion of this program through local fire departments.

In addition to identifying the rooms where little children and invalids are so that firemen make a quick rescue, there is an educational side to the program that may save lives. Each child who obtains one of the Red Ball stickers receives a sheet asking him to take it home to his parents and sit down with them and draw a diagram of their home, showing his bedroom—and that of sisters and brothers. Then the instructions say: "Draw arrows to show how you would get out if there was a fire in your house." In other words, make the whole family fire conscious and rescue conscious.

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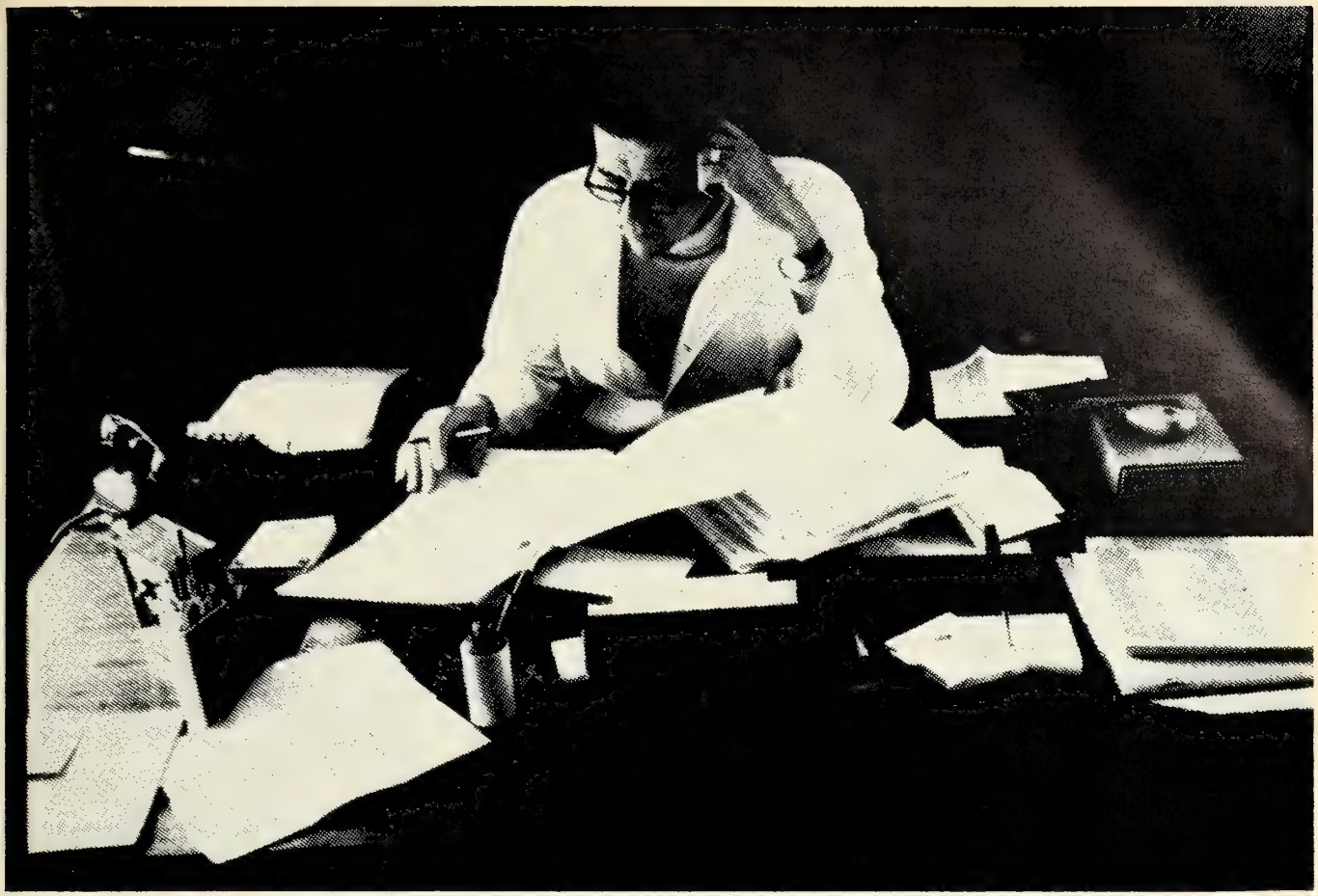
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President's Page

Everyone is attempting to get into the act, friends and foes alike—hospital administrators, hospital trustees, government, insurance carriers, etc. The act that I am referring to is the evaluation of physicians' performance in the hospitals. Most physicians welcome good peer review and I think most hospitals have a peer review system.



The physician evaluation procedure called PEP, which is being promoted by the Joint Commission on Accreditation of Hospitals, may be going too far in the evaluation planning stage at this time. The Joint Commission on Accreditation of Hospitals will soon be demanding to see finished studies of patient care and will expect each of the hospitals' major services to have two audits underway. The JCAH recommends that the major medical departments form committees of four doctors for the audit program. These audit committees will then set criteria for judging staff physicians' handling of specific diseases, diagnoses and therapy over a given period. As I understand, the committee will then investigate those records which are not consistent with the criteria set forth by the audit committee.

Since the hospitals must have the blessings of the JCAH, and because of the multitude of new programs and ideas being brought forth to the hospitals by the JCAH, I am appointing an ad hoc committee to obtain, review and digest all the material from the Joint Commission on Accreditation of Hospitals. This Committee is to disseminate the major points of this material to the members of the Indiana State Medical Association. Most of the members of our Association belong to a hospital staff; I feel that this ad hoc committee will be a great asset to everyone—to help keep abreast of what is being propagated by the JCAH.

Gilbert M. Wilhelmus, M. D.
President
Indiana State Medical Association

FUTURE MEETINGS, SEMINARS, COURSES

Conference on Disabled Physicians

The AMA national conference on the "Disabled Physician" will be held at the St. Francis Hotel in San Francisco on April 11 and 12. Alcoholism, drug dependence and mental disorders will be the major topics. For full information write to AMA Department of Mental Health, 535 N. Dearborn St., Chicago 60610.

Newborn Symposium to Be at Methodist

The Third Annual Newborn Symposium of the Methodist Hospital, Indianapolis, will be held on April 23 and 24. The subject is "Major Dilemmas in Neonatal Pediatrics." For details write Dr. Richard S. Baum, 1604 N. Capitol, Indianapolis 46202.

Symposium on Polytomography Of Temporal Bone Announced

The 11th two-day Symposium on Polytomography of the Temporal Bone will be given under the auspices of The Wright Institute of Otology at Community Hospital, Indianapolis, on April 26 and 27.

Subjects covered are: "Basic Anatomy of the Temporal Bone" and "Technique of Polytomography of the Temporal Bone" with demonstrations of normal tomograms. Pathological conditions revealed by polytomography, such as cholesteatoma, ossicular chain problems, otosclerosis, fractures, foreign bodies, tumors and congenital anomalies are shown on original tomograms and the clinical applications discussed.

Number of registrants is limited to 18. Fee for the course is $250.

Inquiries should be directed to: The Wright Institute of Otology, Inc., Community Hospital of Indianapolis, Inc., 1500 North Ritter Ave. Indianapolis 46219.

Sexual Dysfunction Workshops

Two day workshop to teach physicians and mental health professionals how to handle sexual complaints in their practice using concrete behavioral methods.

Philadelphia Conference, April 12-13, 1975—sponsored by Behavior Therapy Unit, Department of Psychiatry, Temple University Medical School, Philadelphia, PA

For information, please contact Ms. B. J. Foster, Temple Department of Psychiatry, c/o E.P.P.I., Henry Ave., Philadelphia, PA 19129 Telephone: 215-438-4298, x.54.

The Princeton Center for Behavioral Consultation will sponsor this program in Atlanta (April 18-19, 1975); Boston (May 3-4, 1975); Chicago (May 10-11, 1975); and Miami Beach (May 16-17, 1975).

For information on these workshops, please write to: Ms. Debora Phillips, Princeton Center for Behavioral Consultation, 53 Wilton Street, Princeton, NJ 08540.

Head and Neck Cancer Symposium

The Indiana University School of Medicine announces a Head and Neck Cancer Symposium, a Multidisciplinary Approach, to be held May 8-9. This two-day Continuing Medical Education opportunity has been arranged by the Departments of Radiation Therapy, Otorhinolaryngology and Surgery and is directed to all interested. Registration fee, $75.00. Contact Postgraduate Medical Education Division, I. U. School of Medicine, 1000 W. Michigan St., Indianapolis 46202, or phone 317-264-8353.

University of Kentucky Sets Spring Courses at Lexington

The following courses have been announced by the College of Medicine, University of Kentucky, all to be given at Lexington:

Retinoscopy Course—Apr. 9, registration fee $100; limited to 40 registrants

Current Concepts in Ophthalmology and Neurophthalmology—Apr. 10-11, registration fee $80

Seminar on Law and Medicine—Apr. 24-26, registration fee $65

For further information about any of the programs write Frank R. Lemon, M.D., College of Medicine, Lexington, KY 40506.

Continued

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Rheumatic Diseases Symposium Subject

The 11th Annual Postgraduate Symposium on Rheumatic Diseases will be held on Thursday, May 8, in the auditorium of the Health and Sciences Center, University of Louisville School of Medicine.

University of Colorado Announces Upcoming Postgraduate Courses

The Office of Postgraduate Medical Education, University of Colorado School of Medicine, Denver, has announced its calendar of courses for 1975. Scheduled for the coming months are:

Solutions to the Population Problems for Physicians Who Will Work Overseas—Apr. 21-26, June 9-14, Aug. 11-15, October (dates to be announced).

Health Hazards of the Working Environment—Mar. 21-22

Clinical Echocardiography Seminar—Apr. 2-4 (at Vail)

21st Annual Family Practice Review—June 9-14 (Repeat of the January and February sessions).

Pathology in Obstetrics and Gynecology—June 30-July 4 (at Aspen)

Ophthalmology (61st Annual PG Course and Summer Convention of the Colorado Ophthalmological Society)—July 6-10 (at Colorado Springs)

11th Annual Course in Internal Medicine—July 14-18 (at Estes Park)

18th Annual Course in Pediatrics—July 27-30 (at Aspen)

6th Aspen Conference for Dermatologists—July 31-Aug. 2 (at Aspen)

Recent Advances in Gastroenterology—Aug. 4-8 (at Aspen)

Office and Sports Orthopedics—Aug. 13-16 (at Aspen)

Gynecology—Aug. 18-21 (at Jackson Hole, Wyoming)

Pathology in Pediatrics—Aug. 21-31 (at Aspen)

12th Annual Hospital Medical Staff Conference—Sept. 8-12 (at Estes Park)

Battered Child Seminar—Sept. 29-30

High Risk Infant Care (Limited Enrollment)—Oct. 6-11

The above dates are subject to change; mail inquiries to: Cont. No. C295, School of Medicine, 4200 E. Ninth Ave., Denver, Colo. 80220.

Contemporary Problems in Surgery

The University of Pittsburgh will conduct a continuing education course, Contemporary Problems in Surgery, at the Montefiore Hospital June 5 to 7. The fee is $175. The program will deal with Breast Cancer, the Gastrointestinal Tract, and the Head and Neck Area. Write William A. Cooper, M.D., University of Pittsburgh, Pittsburgh, Pa. 15261.

Duke University to Host PG Course

Duke University will conduct a 6-day postgraduate course in radiology at the Atlantis Lodge, Atlantic Beach, North Carolina, July 21 to 26. The scientific program will take place in the mornings and the afternoons and evenings are free for recreation. The course is designed for radiologists but is open to other physicians. The fee is $150. Write Dr. Robert McClelland, Duke University Medical Center, Durham, N.C. 27710.

Summer Program in Human Sexuality

The 1975 Summer Program in Human Sexuality has been scheduled by the Institute for Sex Research July 23-Aug. 1, at Bloomington. Included will be a lecture course, forums on sociosexual issues, a sex counseling symposium and attitude-reassessment program. Registration fee, $285.00; registration ends June 20. Write Institute for Sex Research, 416 Morrison Hall, Bloomington, IN 47401.

Emergency Health Care Seminar

The Kentucky Medical Association is sponsoring the 5th Annual Emergency Health Care Seminar June 4-5 at the Executive Inn, Louisville.

Continuing medical education credit has been applied for from the American Medical Association (Physician's Recognition Award); Kentucky Nurses Association; Kentucky Chapter, American College of Emergency Physicians; American Academy of Family Physicians and the Kentucky Dental Association.

For information and preregistration, contact the KMA, 3532 Ephraim McDowell Drive, Louisville 40205.

England to Host International Meetings

International medical meetings this year include the 9th International Congress of Chemotherapy in London on July 13 to 19, The International Society of Haematology in London on August 24 to 28, The 5th International Conference of the International Association for Accident and Traffic Medicine in London on September 1 to 5 and the XVIII International Congress on Occupational Health in Brighton, England, on September 14 to 19.

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NEWS NOTES

Addiction Services Commission Representative Reports to ISMA

Dr. John Records of Franklin has served as ISMA representative on the Addiction Services Commission of the Indiana Mental Health Department since his appointment by Governor Bowen in May 1974.

In his recent report to ISMA Dr. Records emphasizes the work of the Addiction Services Commission in working with the ISMA Legislative Commission to aid the General Assembly in two important tasks—the reformation of the laws concerning public intoxication and marijuana.

Repeal of the present law on public intoxication would, in effect, recognize alcoholism as a medical-social problem to be treated by experts in these fields, rather than by the criminal justice system. The Commission feels that repeal would produce conditions more conducive to rehabilitation and, at the same time, would not prevent a peace officer from taking a publicly intoxicated person into custody for his or her own protection until proper medical facilities were available.

The contemplated repeal would not repeal any laws which pertain to crimes committed while drunk. Intoxicated persons would still be held responsible for unlawful acts.

The plan includes the establishment of regional detoxification centers, since experience shows that rehabilitation proceeds better in a non-hospital setting. For example, the incidence of delirium tremens is less in a nonmedical facility.

The attitude of the Addiction Services Commission is that a certain amount of decriminalization of marijuana is necessary for various social reasons. The suggested change is to reduce possession of less than 25 grams of marijuana from a felony to a misdemeanor on the second offense, with only a reprimand for the first offense.

The National Organization for the Reform of Marijuana Laws (NORML) has been active in the state but apparently seeks to remove all restrictions on the weed to the point of claiming that there are valid medical indications for the use of marijuana as a drug. Such viewpoints are strongly opposed by Dr. Records and other members of the Commission.

He recommends that an article by Gabriel G. Nahas, M.D., which appeared in the January 1975 issue of *Private Practice,* titled "Pathophysiological Effects of Marijuana in Man," be read by Hoosier physicians. Copies may be obtained from the Indiana University Medical School Library; application may be made through a hospital library, public library or by direct mail, and there is usually no charge.

Dr. Records, whose phone number is 317-736-7251, would be pleased to hear from members of ISMA as to their ideas on decriminalization of marijuana and repeal of the public intoxication law.

Pathologists Attain Certification

The following Hoosier physicians have recently been certified by the American Board of Pathology:

William Jacobson, Lafayette (anatomic and clinical pathology);

Edwin E. Pontius, Indianapolis, dermatopathology*;

Lawrence M. Roth, Indianapolis, dermatopathology*;

Chandrabhan Singh, New Whiteland, anatomic and clinical pathology;

Jose M. Vera-Roman, Indianapolis, anatomic pathology.

*Certification in dermatopathology is a joint function of the American Boards of Pathology and Dermatology.

Eaton Announces Free Film Catalog

Eaton Laboratories announces the 1975 edition of their film catalog which lists more than 170 films and several audio slide programs. The catalog and the films and programs which it lists may be obtained free of charge thru an Eaton representative or by writing Eaton at Norwich, New York, 13815.

Linear Accelerator to Be Installed

The Deaconess Hospital of Evansville is expecting and preparing for the installation of a linear accelerator called "Clinac 18." It is designed to generate 18 million electron volts of energy and produces an x-ray beam three times as powerful as a cobalt unit.

Indianapolis Center to Install First Ultrasonic Microscope

An ultrasonic microscope, the first of its type in the nation, has been installed at the Indianapolis Center for Advanced Research. The microscope uses sound waves pitched at 100 million cycles per second. The sound passes through tissue, strikes a plastic surface and forms an acoustic image. A laser beam scans the acoustic image and produces a visible image on a television screen. Professor Reginald C. Eggleton, director of ultrasonic research at ICFAR, has announced that a team of researchers from Eli Lilly and Company will cooperate with ICFAR staff members in a major study with the new microscope.

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Hospital Medical Staff Elections Held

New officers have been named by the medical staffs of the following hospitals:

Perry County Memorial Hospital—Dr. Noel L. Neifert, Tell City, president; Dr. Hargis Bush, Cannelton, vice-president; Dr. B. P. Smith, secretary.

Margaret Mary Community Hospital, Batesville—Dr. A. A. Daftary, chief of staff; Dr. J. F. Ortiz, chief-elect; Dr. A. E. Jaojoco, secretary-treasurer. All are of Batesville. Dr. Manuel G. Garcia, also of Batesville, and Dr. A. S. Libuano of Versailles will serve as co-chairmen of the Utilization Review Commission.

Henry County Memorial Hospital—Dr. Paul Stricker, president; Dr. Phyllis Grant, vice-president; Dr. W. C. Heilman, secretary. All are of New Castle. Drs. A. J. May and John F. Fisher are members of the executive committee.

Whitley County Memorial Hospital—Dr. C. Jules Heritier, president; Dr. Thomas G. Hamilton, vice-president; Dr. Donald B. Reid, secretary-treasurer. All are of Columbia City.

Reid Memorial Hospital, Richmond—Dr. John Mader, chief of staff; Dr. Joseph Zore, president-elect. The following will serve as chiefs of the various departments: Dr. James Lewis, medicine; Dr. George Johnson, surgery; Dr. Edward Plasterer, pediatrics; Dr. John Spellmeyer, radiology; Dr. Olin Wiland, pathology; Dr. George Porter, obstetrics; Dr. William Stilwell, anesthesiology; Dr. Dan Hibner, family practice; Dr. Rudolph Divers, emergency.

St. Catherine Hospital, East Chicago—The medical staff has elected the following to key positions: Dr. John Ferry, Hammond, chairman of the department of medicine; Dr. S. A. Gonzalez, Highland, chairman of the obstetrics and gynecology department; Dr. R. M. Madlang, Munster, chairman of the department of surgery; Dr. Orhan Tanrikulu, Hammond, chairman of the department of pediatrics.

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Adult Division Director Appointed

Dr. William C. Lyon, Fort Wayne, has been appointed to the position of director of the Fort Wayne Mental Health Center's adult division, according to an announcement by **Dr. Robert Greenlee,** executive director of the center.

Appreciation was expressed to **Drs. Herbert Trier and Ronald Pancner,** both of whom have worked with the center since 1971.

Cystic Fibrosis Centers Given Grants

The Cystic Fibrosis centers at Indiana University School of Medicine and at Methodist Hospital have been awarded grants totaling $4,600 from the national foundation.

Dr. Gabriel J. Rosenberg, director of the Methodist Hospital Center, will use a $4,000 grant for his research, and **Dr. David J. Need** will use a $600 grant at I.U.

Dr. Lloyd Elected Vice President

Dr. Frank P. Lloyd, director of research at Methodist Hospital, has been named a vice-president of the Greater Indianapolis Progress Committee. This is the main citizens advisory group for the city administration.

Health Fair Judged Most Successful

Fifty organizations and 500 volunteers have won the thanks of their communities for making the free Lake County Health Fair the largest and most successful event of its kind in the nation.

"By all standards, the latest health fair was the most successful—and much of the credit belongs to **Dr. William Nowlin,** who gave countless hours as general chairman to bring it all about," the executive director of the Lake Area United Way said.

John Twyman, executive director of the Lake County Medical Society, was also recognized for his key role in the success of the event. The Lake County Medical Society was one of the sponsors.

Dr. Nowlin reported that one out of every eight screen tests at the fair failed to give visitors who took them a "clean bill of health." He said findings of the 12.5% of the nearly 10,000 test results reaffirm the need for regular check-ups to discover diseases in their early stages.

Drs. Blaisdell, Bobb Named Advisors

Drs. William F. Blaisdell and Kenneth Bobb, Seymour, have been named to serve as advisors for 1975 for the Jackson County Medical Assistants Association.

Physicians Have Own Art Association

The American Physicians Art Association is a national, non-profit organization designed to further the art interest of the medical profession. It has a large membership in the United States, Canada and Latin America, and has a Regional Director in each of the states. Physicians desiring to belong are asked to write to Dr. Victor C. Laughlin, 3270 Green Road, Cleveland, Ohio 44122.

Health Department Appointments Made

Dr. Alfred E. Hollenberg, Hagerstown, has been renamed to a four-year term on the Wayne County Health Board. **Dr. Raymond A. Weitemier, Richmond,** is also on the board.

Dr. F. S. Horlander, Jeffersonville, has been appointed to the Clark County Health Board.

The Starke County Commissioners have appointed **Dr. Walter Fritz,** Knox, to a four-year term on the County Health Board.

Dr. Ray Haas, Greenfield, is a new member of the Hancock County Board of Health. **Dr. William Rhynearson** is health commissioner.

Dr. Phillip Hodgin, Orleans, will serve another four-year term as Orange County Health Officer.

Dr. Richard Spindler, Howe, has been named to the LaGrange County Health Board.

The Benton County Health Board includes **Drs. Manley Scheurich, Oxford,** and **Robert Leak, Boswell; Dr. Avery L. Coddens, Earl Park,** is county health officer.

Dr. Armando E. Angeles, Connersville, has been appointed to the Fayette County Health Board to fill the unexpired term of **Dr. A. M. Hudson,** who moved to Texas.

Dr. Gary Babcoke, Chesterton, is a new member of the Porter County Health Board, of which **Dr. Leon Armalavage, Valparaiso,** is vice-chairman.

Cattle Raisers Elect Dr. McFadden

The Indiana Charolais Association recently elected **Dr. James M. McFadden, Lafayette,** president; he has served as secretary and treasurer of the organization since 1970.

Governor Bowen Makes Appointments

Dr. Glenn Harris, South Bend, has been named by Gov. Otis R. Bowen to the state's Addiction Services Advisory Committee.

Dr. William T. Paynter, state health commissioner, has been appointed to the long-dormant State Housing Board which is expected to coordinate efforts to renovate or replace 500,000 substandard housing units in Indiana.

Named "Citizen of the Year"

Dr. George B. Keenan, a southside Indianapolis physician, has been given the Citizen of the Year Award by the Kiwanis Club of South Indianapolis for his extensive work with the Boys Club of South Indianapolis.

Dr. Joe Black Honored at Seymour

More than 250 persons gathered at the Elks Club at Seymour on Jan. 28 for a reception and dinner honoring **Dr. Joseph M. Black.** Tribute was paid to Dr. Black by a number of Indiana University officials for his devotion to his alma mater, he was made a "Sagamore of the Wabash" and a certificate to that effect presented by a representative of Governor Bowen, and a letter was read from Indiana's senators and congressmen thanking Dr. Black for his efforts for I.U. and for higher education. The Jackson County Chapter, I.U. Alumni Association sponsored the event.

Dr. Minter Appointed Chairman

Dr. Donald L. Minter, Goshen, has been appointed chairman of the newly established Goshen Planning Council; he is also serving as chairman of the Medical Staff Utilization Review and Long Range Planning Committee in Goshen.

Dr. Boren "Something of a Legend"

Dr. Paul R. Boren, Poseyville, is the subject of a feature article that has received wide publication. The article was written by Doland P. Baker of the *Washington Post,* whose wife, Nancy, grew up in Poseyville next door to Dr. Boren, and who characterized Dr. Boren as "something of a legend."

A Senior Member, Dr. Boren is 71 and has been in active practice at Poseyville for 42 years.

Exercise for Fitness Booklet Available

A 40-page booklet for patients is available from Mazola. Written by Lenore R. Zohman, M.D., an exercise cardiologist, it is based on the principles of exercise training and programming. It explains not only how to exercise to minimize the risk of heart disease, but how much. Copies of "Beyond Diet: Exercise Your Way to Fitness and Heart Health" may be obtained by writing: Mazola Oil Exercise Booklet, Dept. ZP, Box 307, Coventry, Conn. 06238.

New Public Affairs Pamphlet Offered

Public Affairs Pamphlet #512 is available. "In Talking It Over Before Marriage" discusses the elements that contribute to good communication. Also covers some subjects young couples find especially difficult to talk about with each other. It is available for 35 cents from Public Affairs Committee, 381 Park Avenue South, New York City, 10016.

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Error in Identification Made

The Journal apologizes to **Drs. Richard Ingram, Montpelier,** and **Donald McCallum, Indianapolis,** for identifying the latter as the former in a photo published in the December issue.

Informative New Film Available Free for TV

"Without Warning," presented by CIBA Pharmaceutical Company, is the title of a new 16 mm-sound and color motion picture illustrating the dangers of high blood pressure.

The 27-minute film is available on free loan to television stations throughout the country. Distribution is being made by the television libraries of Modern Talking Picture Service.

The film dramatically shows a busy man preparing his display for a flower show. Without warning, he is struck down. What causes the disease and what happens is described in the film.

"Without Warning" was produced for CIBA Pharmaceutical Company by Francis Thompson. Requests for free-loan playdates should be sent to Modern Talking Picture Service, 2323 New Hyde Park Road, New Hyde Park, NY 11040.

Dr. Becker Receives ACS Trauma Award

Dr. Harry G. Becker, Indianapolis, received the Trauma Achievement Award of the American College of Surgeons' Committee on Trauma at the committee's annual banquet in Nashville, Tenn., Jan. 24. He is chairman of the college's Indiana Committee on Trauma and treasurer of the Indiana Division of the American Trauma Society.

Other officers of the Indiana Division are: **Dr. Peter Yaw,** president; **Dr. John Glover,** vice president, and **Dr. Carl Martz,** secretary. All are of Indianapolis.

New Public Affairs Pamphlet Offered

Public Affairs Pamphlet No. 513, "Family Planning—Today's Choices" summarizes findings on methods of contraception and considers special problem of unwanted pregnancies among teenagers. It is written by Dorothy Millstone, a former director of publications for Planned Parenthood-World Population. The pamphlet is priced at 35 cents with discounts for quantities. Address is 381 Park Avenue South, New York City 10016.

News from the State Museum

Complete furnishings and instruments for an ear, nose and throat specialist's treatment room were donated to the Indiana State Museum by **Dr. Robert M. Dearmin, Indianapolis,** when he retired recently after 50 years of practice in Indiana.

Donors to the Museum's bicentennial exhibit depicting the life and history of Revolutionary War hero George Rogers Clark include Lilly Endowment, Inc., Indianapolis ($75,000), National Endowment for the Arts ($89,050), and the museum society's members and other contributors ($37,500). The society anticipates opening the exhibit in February 1976, and the exhibit is expected to be a highlight of Indiana's bicentennial observance.

★

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Americans Hesitant to Buy Gold Bullion

Since the official ban on gold ownership by U.S. citizens ended less than a month ago, Americans have shown an unexpected reluctance to venture into the gold market. In anticipation of a stampede by Americans, gold prices were bid up to record levels late in December. During the last week of 1974, Europeans were paying nearly $200 an ounce for the precious metal. By the end of the first week in January, gold was changing hands at less than $170 an ounce.

Two factors contributed to this dramatic decline. The first was an almost total absence of interest by Americans. A number of reasons contributed to this apathetic attitude, including uncertainty over the mechanics of buying and holding gold, wariness about volatile price swings, huge premiums assessed on small quantity purchases and repeated warnings from Government officials to be careful of fraudulent operators.

The second factor which helped push the price of gold lower was the January 6 U.S. Treasury auction of 2 million ounces. Even this sale proved to be a bust. Out of the 2 million ounces put up for auction, only 753,600 ounces were actually sold. The lowest bid accepted was $153 an ounce. The sale brought in $124.8 million, for an average weighted price of $165.65 an ounce. Needless to say, this was far from what the Treasury expected.

Many banks which had anticipated a brisk business have already cut back personnel assigned to selling gold. Expectations of a huge over-the-counter retail business (similar to the one in Japan) have also failed to materialize. Many large, prestigious jewelry firms have announced a hands off policy. Even Alexander's, a New York department store chain which last fall had announced plans to sell gold, has dropped the idea.

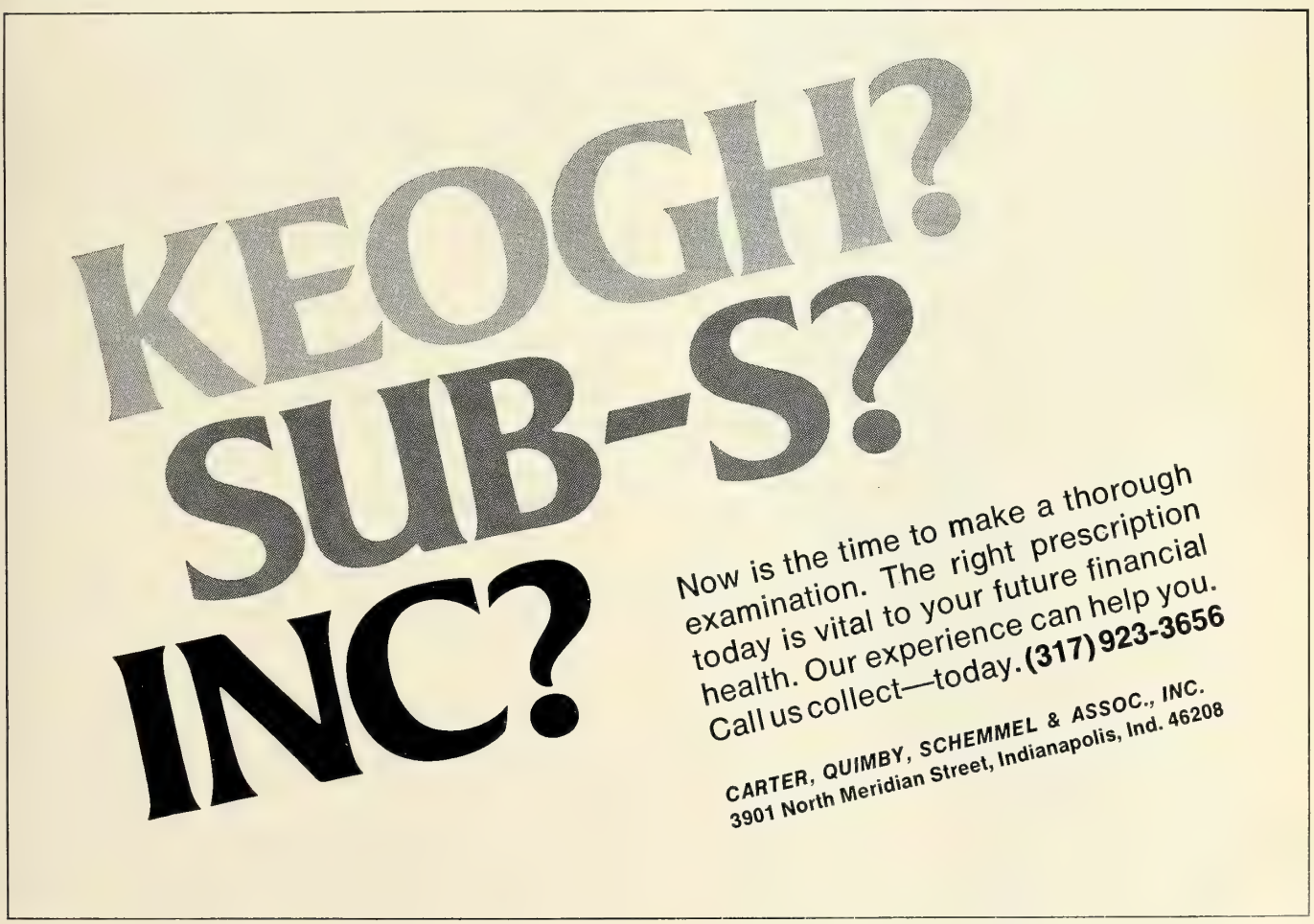
Due to the large markups charged on small quantities, most experts agree that bullion is not the best way for small investors to participate. Gold coins have been selling quite well and this pattern is expected to continue. Additionally, gold funds are likely to attract widespread support. These organizations will invest in gold bullion and then sell shares much like a mutual fund. The first such fund, Bars of Gold offered by Calvin Bullock Ltd., is expected to attract a rash of competitors. Even gold futures which are being traded on five commodity exchanges have been better received initially than actual bullion.

GOLD INDEX

	Jan. 21, 1975	Jan. 14, 1975	Jan. 17, 1974
Gold oz.	**$175.75**	**$177.10**	**$128.85**
ASA, Ltd.	**65**	**69**	**78**
Dome Mines	**44**	**48**	**58***
Free State Geduld	**33**	**35**	**27**
Homestake	**37**	**39**	**45***
West Driefontein	**54**	**55**	**48**

* Adjusted for subsequent splits.

Overall, Americans' initial response to gold ownership has vindicated the wisdom of our go slow policy. We have consistently recommended that small investors seek participation through some other means than actual gold bullion. We still feel that high grade common stocks provide the simplest and potentially most rewarding means of capitalizing on higher gold prices. The box which appears above contains comparative prices of gold and several of the leading gold stocks. This Gold Index will be a regular part of our Gold Corner page.—from "The Gold Corner" of *Dow Theory Forecasts,* Jan. 27, 1975, 7412 Calumet Ave., Hammond, Ind. 46325. Reprinted with permission. ◄



About Our Cover

This month's cover features the front covers of the first three numbers of Volume I of the **Indiana Medical History Quarterly.** This little journal, initiated in July 1974, is published by the Indiana Historical Society and is available to members of the Indiana Historical Society on request. Preservation of the state's medical history is a joint endeavor of the Indiana Historical Society and the Indiana State Medical Association. The Indiana Medical History Committee of the ISMA serves in an advisory capacity to the Medical History Section of the Indiana Historical Society, and the chairman of the Committee is the editor of the **Quarterly.** The Committee also functions in the development of the Indiana Medical History Museum.

The first number of the **Quarterly** features the Old Pathology Building (the Indiana Medical History Museum) both on the cover and in content.

The second issue features Dr. Joseph Eastman on the cover and also has an article by Dr. John MacDougall, Indianapolis. This number also includes articles about two New Albany physicians, Drs. John Cook Bennett and Asahel Clapp. Dr. Snively of Evansville presents an interesting history of milk sickness.

A photograph of the State Medical College (the last home of the Central College of Physicians and Surgeons) appears on the cover of the current issue and two manuscripts relating to the early history of Indiana University School of Medicine are published here for the first time. These manuscripts are by Dr. Scherer and Dr. Barnhill. This issue also considers the subject of malpractice in the 1840s.

The last number of Volume 1 is scheduled for April or May 1975 and will feature the LaPorte College on the cover and will present a brief history of the school by Dr. Rodney Mannion of LaPorte. This number will also reproduce a published surgical lecture delivered in this school in the 1840s.

Members of the ISMA who are already members of the Indiana Historical Society may receive the **Quarterly** merely by requesting it.

Those members of the ISMA who are not currently members of the Indiana Historical Society are urged to join. In addition to Spring and Fall programs, the members receive the **Indiana Magazine of History**, the monthly **Indiana Historical Bulletin**, and at least one book a year. In addition to this, the members may receive, on request, the **Quarterly Indiana Archeological Bulletin**, the **Hoosier Genealogy Quarterly**, and a monthly **Genealogical Bulletin**, as well as the **Indiana Medical History Quarterly.**

Annual membership is $10.00. Checks should be made payable to the Indiana Historical Society, 140 N. Senate Avenue, Indianapolis 46204.—**C.A.B.**

What's New?

John Wiley & Sons have just released "Medical Malpractice Law," a one-volume reference work for physicians, lawyers and patients. It is authored by Angela Roddey Holder, J.D., who is a contributing editor of "Prism" and a contributor to JAMA. It is priced at $22.50. It has received an excellent review from Milton Helpern.

* * *

Posey has a new shield, made of translucent plastic, to cover and protect the site of an intravenous. It is flexible and is attached to the skin by a non-toxic, non-allergenic tape. It will conform to any part of the body.

* * *

Cutter Laboratories announces an anti-rabies globulin of human origin to be used in the same manner that immune horse serum has been used to furnish antibodies to protect the patient while a long series of vaccinations by inert rabies virus is given. The human serum is prepared from the blood plasma of humans rendered immune to rabies by a series of rabies vaccine injections. The new product is called Hyperab™. The supply is limited because not all humans respond to the rabies vaccine with a high enough titer.

* * *

Lippincott is releasing a book by Doris Lund which tells of her son's experience from the time he learned he had leukemia at the age of 17 until he died several years later. A second printing has been ordered even prior to release and the book has been chosen by four book clubs and has been optioned for a television film. The title is the young man's name—ERIC. It is practically a first-hand account of what the modern treatment of leukemia consists of and a sympathetic outline of the reactions of the patient and the relatives.

* * *

Pollution Control Products has a self-sanitizing water purification unit for homes and apartments. When installed as a part of the kitchen plumbing it dispenses purified water for drinking and cooking at a cost of about four cents per gallon. It removes chlorine, color and odor-causing agents, chemicals, detergents and sediments by way of an activated carbon filter.

* * *

Whittaker has a new model electronic sphygmomanometer which provides direct reading of blood pressure without need for stethoscope. It is battery operated and fully portable.

* * *

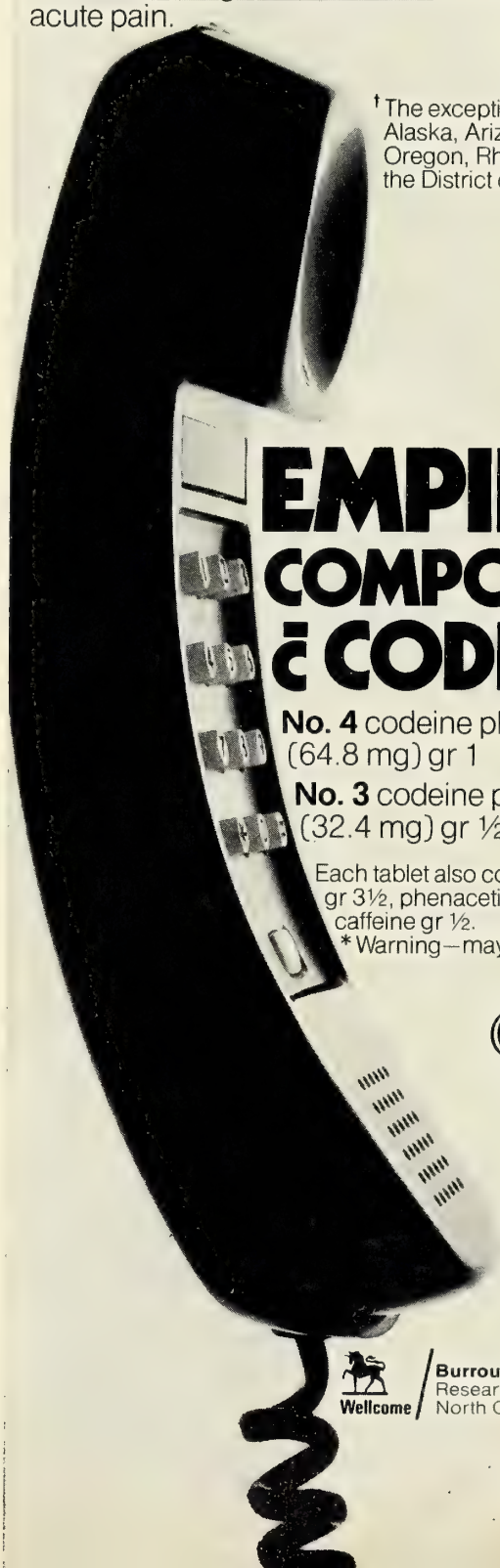
Cambridge Medical Instrument announces a new exercise Stress Test System (STS). It facilitates semi-automatic, high quality, multistage exercise electrocardiography and physiologic work capacity testing. It includes a digital heart rate meter, an ECG display monitor and a single-channel ECG strip chart recorder, and is housed in a compact mobile console.

* * *

The Pain Phone

When a telephone prescription for pain relief is necessary or convenient, you can call in your order for Empirin Compound with Codeine in 45 of the 50 states† That includes No. 4, which provides a full grain of codeine for more intense, acute pain.

† The exceptions: Alaska, Arizona, Maine, Oregon, Rhode Island, and the District of Columbia.



EMPIRIN® COMPOUND c CODEINE

No. 4 codeine phosphate* (64.8 mg) gr 1

No. 3 codeine phosphate* (32.4 mg) gr ½

Each tablet also contains aspirin gr 3½, phenacetin gr 2½, caffeine gr ½.

*Warning—may be habit-forming.

C III

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

What's New?

McGraw-Hill is releasing a special dictionary which contains almost 100,000 definitions of scientific and technical terms. It is called the "McGraw-Hill Dictionary of Scientific and Technical Terms." The price is $39.50.

* * *

Medcom Press announces a new book "Your Blood Pressure: The Most Deadly High," subtitled, "A Physician's Guide to Controlling Your Hypertension." It was written by Norman M. Kaplan, M.D., to provide the physician with a concise and comprehensive source of information on hypertension—for his hypertensive patients. The book is designed to help the physician deal with the high drop-out rate which hypertensive patients exhibit both for clinical follow-ups and for taking their medications. 198 pages, hard cover, $6.95.

* * *

Harvard Apparatus has a new syringe infusion pump for intravenous or intra-arterial administration of drugs, etc. The rate selector permits setting of flow rates in the range 0.10 ml/hr to 99.0 ml/hr. In addition to drug administration the pump is useful for hyperalimentation and for maintenance of catheter patency.

* * *

Chemetron's Votator division has a fast food service for hospitals which consists of a special microwave over and serving tray. The tray is the key to the system. It has two sections: one for hot and one for cold. Both hot and cold foods are placed on the tray—the oven heats the foods that should be hot and at the same time the cold foods stay cold. Light meals may be prepared in a minute; full meals take two minutes.

* * *

Marshall announced a new stripped down Arterial Sample Set for use in hospital areas where a blood gas analyzer is immediately available. It is available with a 20 ga X 1 ½" or 25 ga X 5.8" needle and features an all glass 2 cc syringe, plus patient label and rubber stopper.

* * *



Avionics has a six-page, two-color brochure on exercise test systems which includes photos and brief technical descriptions of the basic system and supplementary pieces of equipment. Avionics also has a handbook entitled "Exercise Testing and Training of Apparently Healthy Individuals" which serves as an aid to physicians whose patients want medical advice before beginning a regular program of exercise.

* * *

The Citadel Press has just released a book entitled "How to Live with Schizophrenia." It is written by Drs. Abram Hoffer and Humphry Osmond to, among other things, describe Schizophrenics Anonymous. It also deals with the triple-vitamin treatment which is recommended to counteract the schizophrenic toxin.

* * *

Orthopedic Equipment Company of Bourbon has a newly improved Economy Arm Sling. It has been redesigned for simplicity and comfort. The shoulder strap length can be adjusted easily. It is washable, but is priced so economically it can be used as a disposable.

* * *

Dr. Leon Smelo, of Brimingham, Ala., advocates the use of a "body map" to enable diabetics to systematically inject insulin in about 200 locations to avoid the danger of fibrosis and atrophy. As each injection is made the patient records the date within the grid covering the injection site. The "body map" is available from the Baptist Hospital Foundation for $2.00.

* * *

Behavioral Publications has released "Community Psychology and Social Systems." It is authored by Stanley Murrell, Ph.D., of the University of Louisville. It explores the crucial role that social systems play in determining individual behavior and how community psychology may modify the picture. $9.95.

* * *

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of *The Journal.* Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

Deaths

P. J. Birmingham, M.D.

Dr. Peter J. Birmingham, 87, a physician and surgeon in South Bend since 1922, died Jan. 18 at home.

He was graduated from the Indiana University Medical School in 1919, served his internship at City Hospital in Indianapolis, and served in the Medical Corps in World War I.

He was a past president of the St. Joseph County Medical Society and served on the medical staff at St. Joseph's and Memorial Hospitals. A Senior Member of the Indiana State Medical Association, he became a member of the Fifty Year Club in 1969 and was a member of the American Medical Association.

Euclid T. Gaddy, M.D.

Dr. Euclid Taylor Gaddy, 79, died Jan. 13 at Ocala, Fla., while on vacation.

Dr. Gaddy had been a practicing physician 54 years at 2602 W. Washington St., Indianapolis, and taught at the Indiana University School of Medicine from 1940 to 1950. He was a 1921 graduate of that school and interned at Indianapolis General Hospital.

He became a member of the Fifty-Year Club in 1971; was a Senior Member of the Indiana State Medical Association and a member of the American Medical Association.

Nathaniel C. Isler, Sr., M.D.

Dr. Nathaniel C. Isler, Jeffersonville, died Jan. 15. He was 71.

He was a 1927 graduate of the University of Louisville School of Medicine and an Army Medical Corps veteran of World War II. He interned at the Station Hospital, Fort Sam Houston, Texas.

In 1974 he attained Senior Membership status. He was a past president of the Clark County Medical Society, past president of the Clark County Memorial Hospital medical staff and a member of the American Medical Association.

Frank L. Jennings, M.D.

Dr. Frank Lamont Jennings, 85, Indianapolis, former chief consultant for tuberculosis for the Veterans Administration in Indiana, Illinois and Wisconsin, died Jan. 1 in Methodist Hospital.

A graduate of Syracuse (N.Y.) University College of Medicine, Dr. Jennings was the V.A. tuberculosis consultant from 1946 to 1953. He taught at the University of Minnesota Medical School from 1921 to 1938 and served as superintendent and medical director of old Sunnyside Sanitorium from 1938 to 1952 and was assistant in medicine and later clinical professor of medicine at Indiana University from 1941 to 1960, attaining the title of professor emeritus in 1960.

Dr. Jennings served as an officer of the National, Indiana and Minnesota tuberculosis associations and was a member of the American Trudeau Society, now the American Thoracic Society, and was its vice president in 1947. He was a Fellow of the American College of Physicians and a diplomate of the American Board of Internal Medicine.

He was also a member of the Marion County Medical Society and the American Medical Association and was a Senior Member of the Indiana State Medical Association.

McKendree C. Pitkin, M.D.

Dr. McKendree Pitkin, 78, Martinsville, died in a fire at his home Jan. 4.

A graduate of the Indiana University School of Medicine, Dr. Pitkin formerly was director of medicine at the old Home Lawn Mineral Springs Sanitarium for 45 years and practiced at Martinsville for 50 years before retiring.

He was a veteran of World War I.

A Senior Member of the Indiana State Medical Association, he was a past president and member of the Morgan County Medical Society and the Fifth Trustee District. He was also a member of the American Medical Association and was a Fellow of the American Geriatrics Society.

Horace R. Willan, M.D.

Dr. Horace Raymond Willan, Martinsville, who retired in 1964, died Jan. 1 at the Morgan County Memorial Hospital; he was 84.

Following his graduation from the Indiana University School of Medicine in 1917, Dr. Willan entered the Army Medical Corps. He practiced for a few months in Morgantown before moving his office to Martinsville in 1919.

Dr. Willan served in the Indiana House of Representatives in 1935-36 and was chairman of the Morgan County Selective Service Corps during World War II.

A former president of the Fifth District Medical Society and of the Morgan County Society, Dr. Willan also served as president of the county Board of Health and as chief of staff at the Morgan County Memorial Hospital for 30 years. He was a Senior Member of the Indiana State Medical Association and became a member of its Fifty Year Club in 1967. He was also a member of the American Medical Association.

If one of your patients has been disabled since youth—before age 22—he may be eligible for social security disability benefits even if he has never worked. Information about the special "adults disabled in childhood" program is available at any social security office.

Association News

EXECUTIVE COMMITTEE

Nov. 23, 1974

Chairman Kerr called the meeting to order at the Headquarters Building at 2 p.m. The roll call showed the following as present: Donad M. Kerr, chairman; William R. Clark, member; Gilbert M. Wilhelmus, president; Vincent J. Santare, president-elect; Richard G. Ingram, chairman of the Board; Joe Dukes, immediate past president; Hugh K. Thatcher, Jr., treasurer; Frank B. Ramsey, editor of The Journal, and Jas. A. Waggener, executive secretary.

Guests: A. C. Offutt, M.D., and Al Lerner, American Medical Association.

AMA Delegates and Alternates: James A. Harshman, Kokomo; Malcolm O. Scamahorn, Pittsboro; Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Hammond; A. Alan Fischer, Indianapolis; Ross L. Egger, Daleville; Kenneth O. Neumann, Lafayette; Thomas Tyrrell, Hammond and Peter R. Petrich, Attica.

MINUTES OF THE MEETING HELD Oct. 3, 1974, were approved on motion of Doctor Clark and a second by Doctor Thatcher.

MEMBERSHIP REPORT AS OF SEPT. 30, 1974, approved by consent.

MEMBERSHIP REPORT

ISMA	1974	1973	INCREASE
Full dues-paying	4137	4093	44
Residents	117	85	32
Exempt	521	497	24
TOTAL	4775	4675	100
AMA			
Full dues-paying	3811	3765	46
Residents	114	71	43
Exempt	521	497	24
TOTAL	4446	4333	113
PAID ISMA—NOT AMA			
Full dues-paying	326	328	2
Residents	3	14	11
TOTAL	329	342	13

HEADQUARTERS OFFICE

ALARM SERVICE. Renewal of the contract with Circle Alarm, covering the Association property at 3935 N. Meridian Street, approved upon motion of President Wilhelmus and a second by Doctor Thatcher.

Alarm service for 3942 N. Pennsylvania Street contract was presented. The secretary was instructed to get additional bids for this particular property.

DIRECTORY OF MEDICAL SPECIALISTS. Request was presented from Dr. John Beeler for the Association to purchase a Directory of Medical Specialists. The request was turned down upon the motion of Doctor Ingram and a second by Doctor Dukes.

STUDENT MEMBERSHIP DUES. The question was asked concerning membership dues for students becoming members of ISMA and, by consent, the question is referred to the Board of Trustees with the recommendation that no dues will be charged for this classification.

MILITARY MEMBERSHIP. With the change in the Bylaws it was agreed that Military members and full-time Public Health Service members would be charged one half the regular dues for active members.

3942 NORTH PENNSYLVANIA PROPERTY. The secretary reported that he had instructed the Indianapolis Power and Light Company to continue the service in this building and had instructed Hoosier Coal and Oil Company to keep the oil tank filled so that heat could be maintained until such time as the Association can utilize the building. He also reported the property needed to be cleaned up and repaired. He would estimate the cost at approximately $500; and upon motion of Doctor Clark and a second by Doctor Thatcher, the secretary was instructed to proceed. The motion also included the approval for the secretary to proceed to obtain a variance for the use of this property by the Association.

CAR LEASING. The secretary reported he had discussed car leasing with Immke Leasing, Columbus, Ohio; Collins of Fort Wayne and Mattox Motors at Butler, Ind., and McClain Car Leasing of Anderson and, comparing leases from all these companies, he recommended that we renew our leasing with the McClain Car Leasing although the average cost per month is $80.00 more than the previous lease. The secretary was authorized then to proceed with leasing the cars from McClain. The action was taken by consent.

The secretary reported he had employed Mr. Robert Sullivan to take over the responsibilities of communications, and the President voiced objection to the secretary employing this type of personnel without the approval of the Executive Committee and it was suggested that, when administrative type personnel are employed in the future, this matter be brought to the attention of the Executive Committee.

TEL-MED. The secretary reported he had included in the budget sufficient money to operate the Tel-Med service until Dec. 31, 1974. The financing of this program was then discussed and it was pointed out that Doctor Sholty and Doctor Inlow had been named as members of the Board to try to find funds for the continuing of this service. The entire matter was taken for information.

SURVEY BEING CONDUCTED BY A. C. OFFUTT, M.D. Doctor Offutt then appeared before the committee and discussed some of the problems he was having in conducting the survey and, while he had no objection by any physician, the matter of being able to see the physicians was his major problem. He therefore asked permission of the committee to mail a questionnaire to selected physicians with postage paid return envelopes in the hopes he might be able to accomplish the survey more readily and, upon motion of Doctor Santare and a second by President Wilhelmus, Doctor Offutt's suggestion was approved and authority was given him for use of the duplicating equipment and mailing of the survey with ISMA facilities, it being understood that Doctor Offutt would reimburse the Association for the return postage.

TREASURER'S REPORT. The Treasurer reported on the cash balances of the Association funds and distributed the annual audit to the members of the committee. He also questioned the cash report concerning the President's Annual Dinner whether it was a gross cost or a net cost to the Association.

ORGANIZATION MATTERS

LETTERS OF APPRECIATION to ISMA for 4-H Club Immunization Program; letter from Dr. William E. Gilmore, President, West Virginia State Medical Society, and Dr. Hoyt D. Gardner, President of Kentucky Medical Society, were read for the information of the committee.

INCREASE IN DOCTORS' FEES BY BLUE CROSS. The secretary read a letter from Mr. Banks stating that the question of raising doctors' fees to offset the increased cost of professional liability insurance had been referred to the Rate Review Committee of the Board. This was taken as a matter of information.

FINANCING A REPRESENTATIVE OF THE I.U. HOUSESTAFF ASSOCIATION to attend the AMA clinical

meeting in Portland was discussed and, upon motion of Doctor Ingram and a second by Doctor Santare, the secretary was instructed to advise this group the committee regretted very much they were not able to provide the financing of this due to the financial situation of the Association.

LETTER FROM WOMAN'S AUXILIARY REQUESTING THE ANNUAL CONTRIBUTION of $1,000 to assist them in financing their activities during the annual meeting of the Indiana State Medical Association and at their annual convention in April was approved on motion of Doctor Dukes and a second by Doctor Clark.

CHIROPRACTORS vs MEDICAL BOARD. Doctor Scamahorn appeared before the committee, informing them three chiropractors had filed a class action suit against the State Board of Medical Registration and Examination and the individual members, accusing the Board of violating their civil rights under the recent regulations adopted by the Board. He also informed the committee that the chiropractors are planning to introduce a bill which in effect, if adopted, would give them the right to practice medicine. This report was taken as a matter of information.

RENEWAL OF MEMBERSHIP IN THE INDIANA STATE CHAMBER OF COMMERCE was approved upon motion of Doctor Thatcher and a second by President Wilhelmus.

A PROPOSED JOINT STATEMENT TO BE PUT OUT BY ISMA AND INDIANA HOSPITAL ASSOCIATION was then discussed and, after discussion, the statement was approved for issuance in amended form upon motion of Doctor Ingram and a second by President Wilhelmus. Doctor Dukes asked that he be recorded as voting no.

A LETTER FROM THE MARION COUNTY MEDICAL SOCIETY requesting an advance of $9,000 against their dues collection for the year 1975 was read and Doctor Santare moved that this be done; the motion died for lack of a second.

A LETTER FROM DR. DWIGHT W. SCHUSTER was read concerning a study to be made of jails and prisons, stating that the AMA expected a grant from the Federal Government for this purpose and that six states are to be designated for this survey. His letter recommended that the ISMA apply for one of these grants. His suggestion was approved upon motion of Doctor Dukes and a second by Doctor Thatcher.

A LETTER ADDRESS TO DOCTOR WILHELMUS FROM DR. WILLIAM PAYNTER, State Health Commissioner, concerning appointment of a representative to an advisory council for administration of federal grant-in-aid programs for hospitals and other health facility construction in Indiana. President Wilhelmus informed the committee he had taken care of this matter.

LABOR UNION ACTIVITY IN HOSPITALS. The secretary reported on a meeting of the joint Executive Committees of the Indiana State Medical Association and the Indiana Hospital Association which was held on Wednesday, Nov. 20 and also read from the Indiana State Chamber of Commerce bulletin concerning the union activity apparently taking place in some Indiana hospitals. This was taken as a matter of information.

A LETTER FROM REGION X, COMPREHENSIVE HEALTH PLANNING COUNCIL, seeking approval of ISMA to do a survey in four counties was discussed and, by consent, it was agreed the matter should be referred to the county medical societies involved for their approval or disapproval.

A LETTER FROM THE SECTION ON FAMILY PRACTICE requesting the Association to add its support for recommending an Indiana physician to be elected a member of the American Board of Family Practice was reviewed and the Association will add its recommendation. This was taken by consent.

A REPORT FROM THE COMMISSION ON PUBLIC HEALTH which had been referred to them for an opinion regarding the Joint Statement of the Indiana Citizens' League for Nursing was called to the attention of the Committee and, by consent, this report was deferred until next meeting; in the meantime the secretary is to send copies of the Position Statement and the report of the Commission to the Committee for their review.

CORRESPONDENCE BETWEEN GOVERNOR BOWEN AND AN INDIANA PHYSICIAN concerning the proposal to establish a State Commission of Sports and Medicine was read and taken as a matter of information. President Wilhelmus reported on his plans in this area for the 1975 meeting and the activities of the Commission.

A PROPOSED RESOLUTION FROM THE SECTION ON ALLERGY was read and, by consent, the matter was tabled.

THE COMMITTEE THEN REVIEWED a letter written by Dr. Antonio B. Donesa and the secretary reported upon a call from Dr. Richard Johnston. Inasmuch as president-elect Santare was to speak to the Philippine Medical Association the same evening, it was agreed he would inform the group that ISMA made no distinction in its membership or benefits regardless of race, color or creed.

THE SERVICES OF DR. A. C. OFFUTT in making a survey and in discussion with Doctor Offutt it was agreed that his services would be rendered on the basis of a subcontract.

CHAMPUS MATTERS

Two claims were presented to the committee. One was for an obstetrical claim which, upon motion of Doctor Thatcher and a second by Doctor Santare, was ordered reduced by $130.00, the motion carrying by 4 ayes, 1 no and 1 abstaining. Another claim for use of doctor's equipment plus his surgical fee was reviewed and, upon motion of Doctor Thatcher and a second by Doctor Dukes, the fee for the use of his own equipment was disallowed.

PROFESSIONAL LIABILITY MATTER. Several matters were presented to the committee from various carriers and brokers, together with the proposed law to be presented to the legislature by ISMA, and they were discussed, but due to the fact that Dr. William R. Cast, chairman of the Professional Liability Committee, was to make a full report to the Board and the membership, no action was taken.

THE JOURNAL

Request for advertising space for a product called Hungrex was turned down by consent.

The request of the Food and Drug Administration for carrying some publicity on a new program on drug abuse was referred by consent to the editor of The Journal.

MEDICAL DEFENSE

A letter from a firm of attorneys concerning defense of a physician who had been sued and had no insurance was discussed and the secretary was authorized to send him an application for review by the Defense Committee.

FUTURE MEETINGS

Health Education and Welfare meeting on Emergency Medical Services, Chicago, Dec. 12-13; by consent, no representative will be sent.

AMA Leadership Conference, Chicago, Jan. 24-26, 1975; upon motion of Doctor Thatcher and a second by Doctor Dukes, the Executive Committee, plus the executive secretary was authorized to attend this meeting.

AMA Conference on Rural Health, Roanoke, Va., March 20 and 21, 1975. Action was deferred because of the possibility of the meeting being cancelled.

NEW BUSINESS

Letter from J. Russell Townsend, Jr., concerning one of the disability programs which currently provides five-year payments for disability for sickness and benefits for life in case of accidental death. Inasmuch as only 30 physicians had availed themselves of this program, they were proposing contacting these members individually and transferring them to a program limiting the benefits for disability from sickness for a period of two years instead of five.

THE AMA DELEGATION then appeared before the Committee and discussed the proposed dues increase by the AMA and the activities of the AMA with respect to the Council on Medical Education. The Executive Committee concurred with the delegates that they should bring these matters before the Board of Trustees for guidance.

There being no further business, the Committee adjourned to meet again in Chicago during the Leadership Conference Jan. 24-26, 1975.

BOARD OF TRUSTEES

Saturday, Nov. 23, 1974

Dr. Richard Ingram, chairman of the Board, called the meeting to order at 7:15 p.m. in the headquarters office.

ROLL CALL

Dist.	Trustee	
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Absent
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Absent
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Absent
10	Martin J. O'Neill	Present
11	James A. Harshman	Present
12	Alvin J. Haley	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	E. DeVerre Gourieux	Present
2	Edgar R. Cantwell	Present
3	T. A. Neathamer	Absent
4	William F. Blaisdell	Absent
5	William G. Bannon	Present
6	Glen Ward Lee	Absent
7	Donald C. McCallum	Absent
7	John G. Pantzer	Absent
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Leonard W. Neal	Present
11	Lloyd L. Hill	Present
12	Franklin A. Bryan	Present
13	Donald S. Chamberlain	Present

Officers/Executive Committee

Gilbert M. Wilhelmus	Present
Vincent J. Santare	Absent
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Absent
Frank B. Ramsey	Absent
Joe Dukes	Present
John W. Beeler	Absent
William R. Cast	Present
Donald M. Kerr	Present
William R. Clark	Present

AMA Delegates/Alternates

James A. Harshman	Present
Eugene F. Senseny	Absent
Malcolm O. Scamahorn	Present
Patrick J. V. Corcoran	Present
Lowell H. Steen	Present
A. Alan Fischer	Present
Ross L. Egger	Present
Kenneth O. Neumann	Present
Thomas C. Tyrrell	Present
Peter R. Petrich	Present

AMA Section Delegates

Sprague H. Gardiner	Present

Guests

Hal Hefner	Present
John B. Twyman	Present

Staff

Robert J. Amick	Present
Kenneth W. Bush	Present
Howard Grindstaff	Present
Bob Sullivan	Present
James A. Waggener	Present

DR. INGRAM: A statement of philosphy. I believe, as the Chair, I should remain as neutral as is humanly possible and will do my very best to do that. I will try not to debate the issues from this position. I will try to be fair and give equal recognition to both sides of any given issue, and I would very much appreciate and respect anyone's opinion. I recognize the position of the Chair is to run an orderly, effective meeting. With that I have no further announcements. Have you had a chance to review the minutes of our meetings from October 3-8? If so, I would hear a motion.

MINUTES OF PREVIOUS MEETINGS

DR. HOLTZMAN: I move they be approved.

The motion received a second.

DR. GOODMAN: Mr. Chairman, I would like to offer one correction. On page 7 of the minutes, paragraph 5, next to the last line that reads, ". . . going to need $40,000"—that should read $20,000.

DR. INGRAM: We will accept that as an editorial correction.

DR. GATTMAN: On page 4 you have Dr. Farquhar as being in the 13th district when he's in the 12th. Editorial change.

DR. INGRAM: Okay, take him from 13th to 12th. Are there any other corrections? If not, it has been properly moved and seconded that the minutes be approved as editorially changed. The motion passed.

REPORT OF THE PRESIDENT

DR. INGRAM: Now, we would like to have President Wilhelmus give his report.

PRESIDENT WILHELMUS: There are approximately 115 physicians who have notified us they are coming tomorrow morning at 9:00. My first item tonight concerns the House of Delegates directive to the president to write a letter to the Speaker of the House of the AMA to express the disapproval of the lack of free debate on the floor of the AMA regarding PSRO. I wish to announce I did write the letter to Dr. Nesbitt. I have not received a reply yet. The second item—Mr. Waggener hired a new man but he is not a lobbyist. He is not a man who is well known to the state legislature. Now I have been wondering if we should not hire a part-time lobbyist at the present time.

For the Ad Hoc Committee on Medical Liability we have already hired lobbyists. One man on the Democrat side, a dynamic individual, is Fred Garver. I am very impressed with his ability of knowing the men in the state legislature, as well as labor representatives, etc. We also hired a man on the Republican side. I'm wondering if it would be feasible to hire a man to take Mike McDermott's place over the next three months to help us in the state legislature, who will really be able to carry out our message in the state legislature. Bob Amick and Howard Grindstaff will probably be able to do the footwork and the paperwork, but I think we really need a lobbyist—a paid lobbyist—to really carry our message to the state legislature. For instance, the Medical Practice Act is coming up. No one is really carrying the ball for that. The chiropractors have got a bill in.

DR. FERRARA: How much would it cost?

PRESIDENT WILHELMUS: I don't know, but I think we ought to think about it very seriously.

DR. SCHAUWECKER: Would Mr. Waggener have any idea as to the cost?

MR. WAGGENER: We are currently in the process of interviewing for that position right now. The money is in the budget for it.

PRESIDENT WILHELMUS: Do you mean for a full-time man, Jim?

MR. WAGGENER: Yes.

DR. GOODMAN: You said that Jim had hired a full-time man who was not a lobbyist and he said there is money in the budget for a lobbyist. Could we clear that? Who did we hire, and who are we going to hire?

PRESIDENT WILHELMUS: Jim hired a full-time man for PR, a man who has been in the armed services for the past 20 years.

MR. WAGGENER: Yes. I would like to introduce him at this time. Bob has spent 20 years in the military. He is involved in public relations, writing, etc., and teaching public relations. He has won a Silver Anvil award from the Public Relations Society of America—which is no easy job to do. He has had three or four awards from the Navy for the best publications in the Navy. I think he will be able to relieve Mr. Bush and me of a good deal of the public relations activities, which we are often criticized for not having.

DR. INGRAM: You have met one man who has been hired, and it is my under-

standing there is $20,000 in the proposed budget for the hiring of, staffing and so on—this is not necessarily all salary—of a man to deal with the legislature. However, that man has not been hired. I think this is what Dr. Wilhelmus was referring to about the need for immediate action for someone to get our message to the legislature.

PRESIDENT WILHELMUS: May I make a suggestion—that if the staff is unable to come up with a full-time man, we could go ahead and hire a part-time man to work with the legislature. I'm talking about a man who's been around the legislature, who knows all these people, who is very good in handling problems with the state legislature.

DR. FERRARA: I move that if we're unable to find a full-time man to help us out that we have authority to go ahead and get a part-time man with experience.

The motion was seconded.

DR. INGRAM: Is there discussion on the motion?

DR. ROSENBLATT: Is this to be paid for out of the $10.00 that was allocated from dues?

DR. INGRAM: No, I think not. I would say this is a part of the budget; and if we hire a full-time man, it would be the budgeted salary item. If we have to hire a part-time man, it would extend up until April. If we hired a full-time man, certainly we would have less than a full year to pay him. So I would think it would belong to that budget item.

Dr. Ingram called for the vote and the motion passed.

DR. INGRAM: I would like to appoint a two or three-man committee of this Board to work with Jim Waggener on this so that we see it is carried out. This is a proper function of the Board, in my opinion, and is one in which this Board needs to have representation. I don't mean necessarily the interviewing of men, but the fact that the job is done. If some of you are particularly interested, please speak to me.

Later in the meeting Dr. Ingram named to the committee Drs. Beach Gattman and Eli Goodman to work in concert with Drs. Wilhelmus, Santare, and himself. Dr. Goodman was named chairman.

PRESIDENT WILHELMUS: The next item is for information. One of the county societies placed a political ad in the newspaper in the last election in regard to assisting different candidates. This ad was paid for by the county society. This is breaking state and federal laws. I have written the county individually; I have written the legislator who won the election in that district, apologizing, and I would like to put it in a newsletter suggesting to the counties not to break state and federal laws because this could be quite jeopardizing to the entire membership of this organization.

The next item I thought I would bring up is the Ad Hoc Medical Liability Committee. As you know, the House of Delegates directed me to appoint an ad hoc committee, and this committee is supposed to report to the Board in less than 60 days—which they will, tomorrow. I appointed a dynamic chairman for this committee—Bill Cast from Fort Wayne.

President Wilhelmus then named all the members of the committee.

This committee has been very impressive. They've had innumerable meetings. I think you'll be greatly impressed by their report tomorrow. It broke down the problem two ways—a short-term medical liability problem and a long-term medical liability problem. The short-term was to support men in this state who are unable to get medical liability insurance. The long-term was solving the long legal aspect of the lawsuits. They've come up with a Patient Compensation Board bill. It has a very good chance of passing. Dr. Cast and myself and quite a few members have been out talking to state legislators. I've talked to Mike Phillips, who is the floor leader on the Democratic side of the House. And I was quite surprised. He was very receptive to this proposal. With the lobbyists we have, I'm really pleased with the way we are progressing.

The following happened the last week in Washington in regard to medical liability. The men who wrote the Kennedy-Mills bill for health insurance are writing a new bill for health insurance with a medical liability clause in it. This clause is that it will give every doctor medical liability for less than $1,000 per year if they sign a statement that they will accept the government fee schedule. This is coming out in the law. I thought it was very good until I read the last statement.

One more item. We have heard a lot about Tel-Med. There's one company—Burroughs-Wellcome—which I would like to see approached regarding support of Tel-Med. This company is bringing out, for TV viewing, a program of 26 synopses on accidents, health careers, and others, put on by Hollywood movie actors. They're asking local medical societies to sponsor these TV programs. They've asked me, as state president, if ISMA would like to also be listed on the TV spot sponsored by ISMA, Marion County, Vanderburgh County, Allen County, etc. They're going to bring these programs for me to review at my leisure. I would like for this Board to give me authority if I feel this is good medicine, good TV programming, to allow our name to be attached, then authorize it and go right ahead.

DR. GOODMAN: I move that Dr. Wilhelmus be granted authority to review the synopsis of the material to be presented and that we then allow our name to be used if he approves of it.

The motion received a second.

DR. INGRAM: As I understand this, with Dr. Wilhelmus' approval, the local county medical society will be credited.

Following additional discussion, the motion passed.

REPORT OF PRESIDENT-ELECT

DR. INGRAM: We will go to the next order of business which, on your agenda, says the report of President-Elect Santare; however, Dr. Santare has gone to the meeting of the Philippine Medical Association to speak with them on some very important issues. An issue raised by them, among other things, is the discrimination against Asian physicians in malpractice coverage. Dr. Santare's main goal is to assure them this is not the case with the Indiana State Medical Association—that we are not basing our search for coverage upon race, creed or color. In lieu of his talk, I have placed Dr. Peter Petrich of Attica on the agenda. He has a proposal that concerns the progress of I-MEDIC.

REPORT ON I-MEDIC

DR. PETRICH: The I-MEDIC organization is going to be organized as a full-blown, legitimate corporate structure in the state of Indiana. It has not been so organized yet, but it will be; and that is to be discussed tonight. For a period of time I have been in contact with the Rocom Division of Hoffman LaRoche Company. Rocom has committed five-million dollars to the development of a review system, the Medical Advances Institute in Ohio. Now, as such, they are operating as managers of the MAI program for in-hospital medical review in six states. Mr. Waggener, Dr. Santare, and myself met with their representative; and the Indiana State Medical with its subsidiary, nonprofit corporation, I-MEDIC, has been given an absolute franchise to run this program in Indiana, starting with a pilot (which is something they insist upon and which we agree is an excellent idea). Now my proposal to you tonight is that we be allowed to proceed with the program of a pilot in the state of Indiana for a specified period of time. I would suggest 90-120 days, at which time we will report back to the Board. Third-party intermediaries are now willing to spend approximately $18 to $24 per admission for this kind of ongoing review. The federal government has already allocated the figure of between $24 and $28; and, with the advent of the PSRO program across the country, they are expecting that figure to double. Now of this, it means an absolute, conservative minimum to the coffers of ISMA of approximately $100 to $150 per discharge in the state of Indiana per year. Now in Indiana we have just under a million hospital discharges a year; and if we only corral half of that, you can see

the kind of money we are talking about. This program is an ongoing, in-hospital, professional review of all patients—not just for Medicare and Medicaid.

Now our State Association, as you all know from our last meeting and the bitter discussions we have had about budgets, expenses, and income and outgo, cannot exist any longer as a purely dues-structured organization. We have to have some source of outside income. I propose this to you as a potential source of outside income; and I suggest, Mr. Chairman, a motion from the Board so that we may act posthaste with the institution of the pilot study.

DR. GOODMAN: I so move.

DR. INGRAM: Now I think we need that delineated a little.

DR. GOODMAN: I would like to ask for the floor for Dr. Petrich to again restate how he would like this motion to be.

Following redelineation by Dr. Petrich, Dr. Goodman moved the following:

DR. GOODMAN: I would propose that we have a motion to the effect that we engage with a contractual arrangement using our corporate structure of I-MEDIC with Rocom to institute a pilot program for ongoing, in-hospital, peer review of all categories of patients and report to the Board as to the efficacy of that peer review and monetary values pertaining to it, relating to the ISMA.

The motion was seconded by Dr. Butler.

DR. BUTLER: Do you have any idea whether that will be a county-wide or a one-hospital or area-wide program?

DR. PETRICH: Yes. The hospital will be between two- and four-hundred beds in a single locality. Whether that applies to a county, a region, a city, or what, is not determined at the present time. I think it is something we certainly can't lose a thing on—this is not going to cost us a nickel. We're not going to delve into the PR $20,000 or anything else. This is all funded by Rocom. I think the program ought to be limited in time, between 90-120 days.

DR. INGRAM: 120 days. Would you accept that, Dr. Goodman? Dr. Butler?

DR. THATCHER: Where is the control mechanism?

DR. PETRICH: The control mechanism will be with us, in the review process; and that is the reason for a pilot program. If, in a specific locality, the standards or parameters that have been established by MAI, which Rocom was utilizing, need to be changed, need to have variations adapted to them, that will be done by our local people. We will have physicians who will be paid for their review; the nurse coordinator will be trained to review the computer data. She will make no clinical judgment and it will be adapted to local use only.

DR. THATCHER: Well, then, I have another question. In the event the hospital that is chosen for this pilot has its peer review mechanism already established—parameters, the acceptable criteria, and so on—will this be utilized, or will they bring a separate group in?

DR. PETRICH: No. It will be incorporated into the review mechanism. I know of no hospital in the state that has an ongoing computerized review program for all in-patient care. But we've had traditional peer review mechanism established in most hospitals to one degree or another. That mechanism will be incorporated into this standard care or parameter care program that will be instituted.

DR. INGRAM: I would like to remind you that the wording of the enabling resolution for this I-MEDIC says "only at the request of the local reviewing body." But the point is, in Marion County or in your reviewing body in Methodist Hospital, you have a perfect right to say no. The enabling resolution from the ISMA House gives the local reviewing body the right to refuse the program, if it is set up, and we're talking only about a pilot program here. But if it is set up, the local reviewing body does have the right to say: We have a better system; we don't want you.

We have a properly made motion and a second to that motion. If there is no new discussion pertinent to this, I'll hear a vote.

The motion passed.

DR. PETRICH: There's a little confusion about the structure of the organization of I-MEDIC. Does the Board now feel that the, for instance, Board members, the president, chairman of the Board, president-elect, and so on, should not serve some official capacity in the corporate structure of I-MEDIC?

DR. THATCHER: I think the selection should come from I-MEDIC rather than from the Board chairman. I think it should be the Board's responsibility to pass on questions, once you get past this particular point.

DR. INGRAM: Is there any other point of view contrary to that? Any actions? I think this requires no action if we accept the point of view expressed by Dr. Thatcher. No action would be required unless we wish to limit membership on the board of I-MEDIC.

TREASURER'S REPORT

DR. INGRAM: Thank you, Dr. Thatcher. At this time I would like to call on Dr. Thatcher for the treasurer's report.

Dr. Thatcher then reported, and his report was approved by the Board.

BUDGET REPORT

Dr. Thatcher then reviewed the budget for the forthcoming year; and the budget, on motion of Dr. Butler and seconded, was adopted.

MATTERS REFERRED BY THE HOUSE OF DELEGATES

DR. INGRAM: I'd like to call your attention to Item 8—Matters Referred by the House of Delegates and Action of the Chair. Now what this amounts to are items from all of the reference committees, reports from the floor of the House, and the special reference committee, etc., which demand action either by this Board, or by commissions or committees of the State Medical Association. I've gone through every item and all items that need action have been referred according to this report, by me, to various committees—some to the Board. We'll be taking up some of these items at a later time. If you have questions about them, I'd appreciate it if you would bring them up right now.

DR. ROSENBLATT: It was left in the balance as to what was to be done with Tel-Med for the next three months. No one seemed to come up with the answer. They thought they would have a chance of getting some money to further that for the next three months. I was wondering if there have been any developments since that time as to the financial position of Tel-Med.

DR. INGRAM: It winds up December 31. Now we do have a committee of this Board that is to investigate a further funding for this program. On that committee are Doctors Inlow, Sholty, and Farquhar. Dr. Farquhar is no longer with us. There is no reason at all why with their previous knowledge, Doctors Inlow and Sholty could not carry on, and I would ask them to do so. In fact, we do have an indication of some availability of other funds, and I'm going to ask them to consult with Dr. Dukes because he has one possible avenue of financing for part of this. I will expect a report from them at our next meeting, and we'll have to authorize them really to go ahead and take action, I think, because we will be out of funds before the January Board meeting. Dr. Rosenblatt, would it be appropriate to have a motion giving either these men authority or giving someone authority to make a decision on the acceptability of outside funds for this?

DR. ROSENBLATT: I don't think it would be right to accept the outside funds until we know who they come from and what they are, and what the strings attached to them are.

DR. INGRAM: The point is well taken. I would certainly be in agreement with you, but we do have a problem in that our funding does run out as of December 31.

DR. ROSENBLATT: I feel that this program was a good program but I think it has run its course, and I think we can take a little knowledge from what television does for us. When a program has been pretty well saturated, I think they just drop it. I, for one, am

ready to drop a program which is too expensive for our taste.
PRESIDENT WILHELMUS: I am from the same town as Dr. Rosenblatt, and I take the opposite view. I think it's an excellent program. My patients are utilizing it; the public schools are beginning to utilize it more and more; and I would like this Board to give authority to this committee of two men plus Dr. Joe Dukes to go ahead and try to obtain outside financing to operate this. And I so move.
DR. INGRAM: I would like to ask you editorially if you would consider including our president-elect, Dr. Santare, in that motion because he does have some ideas from another source. I'd like to add him, if you're going to make that sort of a motion. Would you do that?
PRESIDENT WILHELMUS: Yes, sir.
The motion was seconded.
DR. GOODMAN: I will offer an amendment incorporating in your excellent suggestion that when this committee has arrived at a decision, they provide this Board with an explanation and a mailed ballot.
The motion to amend received a second and passed. The amended motion was then voted on and passed.

AMA DELEGATION REPORT

DR. HARSHMAN: The AMA delegation met this afternoon and again early this evening with the Executive Committee to discuss the agenda that will be taken to Portland. We went over the major items with the Executive Committee. The one item that everyone was in agreement that should be brought to the Board was the matter of dues. After we discuss the dues, if any member of the Board has any questions concerning any particular item in the handbook, we would be glad to discuss it at that time. Briefly, the handbook, as it was mailed to us, stated a deficit spending of $6.6 million and that part of the dues would go to build up the reserves. They also mentioned that they intended to cut out all advertising in their publications. Some AMA publications are to be curtailed. JAMA was to be reduced from 52 to 48 issues a year. The specialty journals were to be free-standing. There would be a charge of $10 a year for these journals. Some of the specialty journals would be reduced to quarterly publications. The councils and committees would be drastically reduced. The Board voted to reduce two of its councils and 18 of its committees, and the House was to eliminate 11 committees. Since that time, there have been other announcements from the executive VP's office, the latest of which is that there will be an elimination of more councils. The field service department will be discontinued.
AMPAC would be removed to the AMA headquarters, and on down the line. As if that wasn't enough, there was finally a release from Mayor Daley's office that there would be a sizeable real estate expansion on one of the blocks adjoining the AMA headquarters—some 20-story addition. As I understand it, the AMA will not have any money other than the ground on which it stands, but I later found out that the AMA retirement fund is contributing something like seven-and-one-half-million dollars for this little project.
That gives you a little bit of background of some of the material that has come out from the AMA. Quite frankly, it's more than I can comprehend as to what is happening. I don't think there are too many of the delegates who can comprehend what is happening. There seems to be a great centralization of the control into the new executive VP's office. The delegation discussed at some length how we would handle the situation and what our testimony would be and there seem to be roughly five areas that this encompasses: (1) dues, (2) advertising, (3) liquidation of committees and councils, (4) publications, and (5) internal reorganization of the AMA.
Dr. Harshman then explained to the Board the delegation's attitude in each of these areas.
DR. HARSHMAN: The last item, the dues, we were opposed to any dues increase at this time. We would like to suggest to the reference committee that a committee of the House be elected to study the liquidated councils and committees, to study the dues structure, to study the finances of the organization and to report back to the June meeting of 1975.
DR. INGRAM: Dr. Ferrara makes the motion to support the position expressed by the AMA delegation. Seconded by Dr. Gattman.
The motion was put to a vote and passed.

APPOINTMENT OF BOARD COMMITTEES

DR. INGRAM: I'd like to mention Item 9 on the agenda, Appointment of Board Committees, which I am delaying until the next meeting of this Board. The committees, as presently constituted, will stand for the moment. We will now have the reports of trustees. First District, Dr. Rosenblatt.

REPORTS OF TRUSTEES

DR. ROSENBLATT: We have a tentative date for our meeting, May 8, at Rolling Hills Country Club.
DR. BUTLER: Mr. Chairman, Marion County Medical Society has a problem and I'd like to turn my chair over to discuss the problem.
DR. McCALLUM: They have a financial problem. They can't pay the rent, and they would like to appeal to this Board to allow them an advance of dues so that they can get through the remainder of this year. Perhaps our secretary could explain further, with your indulgence.
MR. HEFNER: We had requested an advance on our dues income for next year in the amount of $9,000 to meet our current liability. Again I point out that we have increased dues for the coming year, so that would not be occurring in the future.
DR. BUTLER: I move that Marion County be granted their request.
DR. GOODMAN: I will second the motion.
The motion passed.
DR. HARSHMAN: Our district meeting will be held on September 7 at Delphi. It will be at the Country Club. The other item I have is a request for the remission of dues of a doctor who is retired due to ill health.
The request was granted.
DR. GATTMAN: Our meeting will be in South Bend at the South Bend Country Club, the date to be announced at the next meeting.

MATTERS REFERRED BY EXECUTIVE COMMITTEE

DR. KERR: Our first item was relative to the budget committee, and the Executive Committee is the budget committee. We did investigate all of the elements of the budget. We find as budgeted now, about $30,402 estimated in expense over income. Mind you, we usually recover some of this because the various committees and commissions don't spend all of the funds, but the Board should be aware of this.
We then have taken just two other matters to you on the student membership. If you will recall, they are allowed a delegate in the House. We thought it would not be good to charge them a membership fee. We dealt then with the matter of military membership, public health service, and the public health physicians. We concluded that an appropriate membership dues would be 50% of the active membership dues. The next matter we refer to you for your information.
There has been a suit filed by the Chiropractors' Association against the State Medical Licensing Board. It is based on the 14th Amendment, to wit, that the State Licensing Board has taken from them their civil liberties. Watch this very carefully because it relates to impending changes in law. We'll say no more about it at this time. That concludes our report.
DR. INGRAM: I think the Executive Commtitee would like action on the matter of students' dues and structure, also the new structure for military and public health service physicians from this Board. We can act in the interim between House meetings. I think we could establish it until next House of Delegates meeting if I read the Constitution properly.

DR. THATCHER: I will move that the 50% structure be established for full-time military, full-time public health, and national health services, as an interim decision. and be referred to the next meeting of the House of Delegates.
The motion received a second and passed, following a lengthy discussion.

STUDENTS' DUES
DR. INGRAM: We have still another matter on which there is a wish for an expression. If we make a policy here, it will have to be reviewed by the House at the next esssion. That concerns students' dues.
DR. HILL: I was under the impression that the House did stipulate that the students would be dues-free.
DR. THATCHER: The thing I don't think you understand is, we're not talking about all students. We're talking about the two delegates who are now members of the House of Delegates and who will in turn receive THE JOURNAL, etc. We felt that these two people, who are really entitled as members of the House to receive THE JOURNAL and necessary publications from out of the main office, be granted this permission to exist as members of the House of Delegates without paying dues.
A motion was made and seconded that the student delegates be dues-exempt. The motion passed.

REPORT OF AD HOC COMMITTEE ON MEDICAL LIABILITY
DR. INGRAM: I asked this committee to come tonight to give you a brief overview of what they have done, the decisions they have made, and where we are in the process so that you'll have an intelligent answer to the questions that may be asked of you. I would introduce Dr. William Cast, vice speaker of our House, who is also the chairman of the president's Ad Hoc Committee on Medical Liability.
DR. CAST: We have really had a very good committee. We've met here twice. We divided the committee almost immediately into two parts. Initially, the problem was finding out what the market was for the people who couldn't get insurance now. The insurance brokers in the state are very well motivated to try to find coverage for these people, and in reality there's precious little that we can do for these people anyway except find them a broker who has access to the market. We've pretty well done this. The second part of the problem is—are we going to come up with any kind of an interim solution? I will go into that in some detail. The third part of the problem is—are we going to try for any legislative solution? We decided we were, and this is the second part of our committee. It is headed by Dr. Muller of St. Vincent Hospital.
Dr. Cast then explained in detail the activities of this committee in developing solutions to the various phases of the problem. He reviewed the insurance contracts he had made throughout the nation in looking for carriers, reviewed the Patients' Compensation Board bill, and answered questions from the Board. The Board discussed at great length Dr. Cast's report and the meeting scheduled for Sunday.

DISCUSSION OF PSRO POLICY
DR. GOODMAN: I am being asked by constituents of my district, some of whom you know have had some very strong feelings, if I can tell them what the present position of the Indiana State Medical Association is in regard to PSRO.
DR. INGRAM: I think it was very clearly stated by the last House. We will seek to change the law by amendments until such time as repeal is possible, in the meantime to attempt to amend it to a point where we can try to work with it. I believe that is an accurate statement. If someone here disagrees with that, let me know; but I believe that is what they said.
DR. WILHELMUS: That sounds verbatim to me.
DR. GOODMAN: Does that rule out the 1973 mandate not to participate in PSRO?
DR. INGRAM: I would interpret it as that.
The Board then went into executive session, following which they recessed until the next morning at 9:00.

BOARD OF TRUSTEES

Sunday, Nov. 24, 1974

On Sunday, Nov. 24, the Board of Trustees met with the membership of the Indiana State Medical Association in an open meeting to discuss the professional liability problem.

Doctor Ingram called the meeting to order at 9:00 a.m. Total attendance at the meeting, including the Board, was approximately 120 physicians.

ROLL CALL

Trustee

Dist.		
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Absent
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Absent
10	Martin J. O'Neill	Present
11	James A. Harshman	Present
12	Alvin J. Haley	Present
13	G. Beach Gattman	Present

Alternate

Dist.		
1	E. DeVerre Gourieux	Present
2	Edgar R. Cantwell	Absent
3	Thomas A. Neathamer	Absent
4	William F. Blaisdell	Present
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Present
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Leonard W. Neal	Present
11	Lloyd L. Hill	Present
12	Franklin A. Bryan	Present
13	Donald C. Chamberlain	Present

Officers/Executive Committee

Gilbert M. Wilhelmus	Present
Vincent J. Santare	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Present
Joe Dukes	Present
John W. Beeler	Absent
William R. Cast	Present
Donald M. Kerr	Absent
William R. Clark	Present

Ama Delegates/Alternates

James A. Harshman	Present
Eugene F. Senseny	Absent
Malcolm O. Scamahorn	Absent
Patrick J.V. Corcoran	Present
Lowell H. Steen	Present
A. Alan Fischer	Present
Ross L. Egger	Present
Kenneth O. Neumann	Present
Thomas C. Tyrrell	Present
Peter R. Petrich	Present

Guest

John B. Twyman	Present

Staff

Robert J. Amick	Present
Kenneth W. Bush	Present
Howard Grindstaff	Present
Bob Sullivan	Present
James A. Waggener	Present

Dr. Ingram called for comments from Dr. Wilhelmus, who pointed out that this meeting was in response to the report of the Special Reference Committee on Professional Liability which convened at the October 1974, meeting of the House of Delegates.
President Wilhelmus then introduced Dr. Cast, chairman of the Ad Hoc Committee on Professional Liability, who reviewed at length the activities of the committee, the extent of the professional liability problem in the nation and in Indiana, and the proposals being brought forth by the committee to find solutions to the increasing problem of acquiring insurance.
Following Dr. Cast's presentation and questions, Dr. Paul Muller, chairman of the Lobby Committee, introduced Mr. James Stewart, attorney for the Indiana State Medical Association, who will direct the lobby effort at the state legislature on behalf of the Patients' Compensation Board bill, which he authored

in conjunction with several Indianapolis attorneys. Mr. Stewart then explained the details of the bill to the assemblage, section by section.

The Board also heard a report from Dr. Kenneth Lehman of LaGrange County concerning his experience with professional liability insurance.

DR. INGRAM: All right. Are there other discussions that have generated which are germane to any of the points we have to discuss, as listed in the committee report? If not, I would like an expression from this Board concerning the continuation of the president's ad hoc committee on this. They've done a job, and I think it's time now to discuss if we wish to use that mechanism and go forward with the blessing of this Board, or if we wish to change the mechanism of the committee structure to deal with this problem.

DR. FERRARA: I would move that they continue the present committee and also give them the power to make decisions under the direction of President Wilhelmus.

The motion was seconded.

DR. HARSHMAN: When you say "give them the power to make interim decisions," are you talking about negotiation now with carriers or are you just talking about recommendation 13 on the report here? It is my understanding that the committee recommended that a separate group be charged with the actual negotiation with brokers or carriers for a statewide plan.

DR. WILHELMUS: I would make a suggestion—that this committee go ahead and discuss insurance carriers and maybe come back to this Board with two or three they think are the best and let the Board make the decision.

DR. INGRAM: This is not word for word, but the motion, then, is to continue the Ad Hoc Committee on Medical Liability under the direction of the president, empowering it to make such interim decisions as are necessary for the implementation of the legislation. Additionally, it was that it might, through other sources such as the commission, negotiate with carriers but not make binding contracts without coming back to the full Board with full explanation. Does that satisfy everyone?

DR. HARSHMAN: Well I'd like the question divided on that because I really think the negotiation part has got to be split away from this committee. I have the same feeling that Dr. Cast does on it.

DR. INGRAM: You make a motion, then, to divide the question into the continuous ad hoc committee in dealing with the legislation and then a second question to deal with negotiations with insurors. Is there a second to that?

Motion was seconded and discussion followed.

DR. INGRAM: Do you understand how we are to divide the question? All in favor of the motion to divide the question, signify by saying aye.

The motion passed.

DR. INGRAM: Now we will consider the motion as divided to perpetuate the Ad Hoc Committee by giving them the authority to make interim decisions concerning the legislative package.

The motion was voted on and carried.

DR. INGRAM: We divided the question. We have already said that they may go on and function as a committee and that they may deal in the legislative area. The remainder of the question is that they go on and do the negotiations with carriers as an ad hoc committee.

The second part of the divided motion was put to a vote and lost.

DR. THATCHER: I move that the present Commission on Insurance be empowered to carry on the second part of this.

DR. GOODMAN: I second this motion.

DR. HARSHMAN: I have some reservations about this commission. They are brought in from all corners of the state and, quite honestly, we have people on that commission who have not been to a commission meeting in I don't know how long. I would like an expression from the Commission on Insurance as to whether they can honestly handle the thing. If they can, fine.

DR. INGRAM: Would you like to respond to this, Dr. Neumann?

DR. NEUMANN: I believe the best way to do that would be to have a combination of perhaps some of the commission members and perhaps some representation of the officers and the Board of Trustees, rather than specifically the commission.

DR. HARSHMAN: I would like to speak in opposition to this motion that is currently on the table; and if that motion is defeated, I would propose to make a new motion to the effect that a special committee on negotiations on professional liability insurance be formed—a nine-member committee with representation equally from the Commission on Medical Economics and Insurance and the other half from the Board and the officers, and that the president chair the thing as the ninth member.

The motion to direct negotiations with insurance carriers to the Commission on Medical Economics and Insurance was put to a vote and defeated.

DR. HARSHMAN: I would like to make a two-part motion. The first part of the motion is that the state association approve entering or endorsing a group professional malpractice insurance as the association policy.

This motion was put to vote and carried.

DR. HARSHMAN: Part two. I move that a special committee be formed, a nine-member committee with President Wilhelmus as the chairman, and that the other eight members be appointed by the president with equal representation from the Commission on Medical Economics and Insurance—the other half coming from the Board and the officers—for the purpose of negotiation with the carriers.

The motion was seconded.

PRESIDENT WILHELMUS: Jim, I'd like to correct your motion slightly. Would you mind saying "let the president be the chairman or whomever he designates"?

DR. HARSHMAN: Yes, I'll state that.

The motion was put to a vote and passed.

DR. INGRAM: The next point I think is very important now that you have heard a rather thorough presentation of the proposed legislative draft for a Patients' Compensation Board. It is that we have a Board position, or an ISMA policy, concerning this. I think this must be established, yea or nay.

DR. FERRARA: I move we introduce a Patients' Compensation Board Act.

The motion was seconded, put to a vote, and passed.

DR. INGRAM: I am taking the prerogative of the chair to give the floor to Dr. William Wright because he has a proposal now that I think you might very well be interested in.

DR. WRIGHT: My proposal is in two parts really. One of them involves the right to use the Indiana State Medical Association's mailing list for the first part of the purpose. If we approach this legislature, a tremendous amount of education in the physician's office, signs, etc. will be required. It will require television time, radio time, press time. It will require distribution of literature. It will require attorneys; it will require special lobbyists, public relations people to put the program across. My proposal is to form a federation of 600 physicians—all of whom donate $250 for a total of $150,000. I would be happy to form such a committee. And so I would like the Board to accept the concept of accepting the money from such a federation and the use of the mailing list of the ISMA.

This starts from the Indiana Academy of O and O. We had a meeting last Wednesday where all Class IV and Class V were represented. I asked their representatives if they felt that their groups were interested in contributing to such a federation in order to finance this approach, and there were commitments from all of them that they thought their groups would be interested.

DR. FERRARA: I move that we approve this concept of Dr. Wright's of accepting grants from a Federation set up under Dr. William Wright's direction and approve their use of our mailing list.

The motion was seconded. A lengthy discussion followed on the acceptance of the funds and the use of the mailing list.

DR. INGRAM: I am going to rule that we divide the question. I rule we vote (1) on giving Dr. Wright the privilege of

using the mailing list and then vote (2) on the portion of the motion that states we would accept the money.

The Board voted on the divided question as stated by the Chair and both were carried.

DR. INGRAM: Is there further business to be brought before the Board?

DR. SANTARE: We had a resolution which increased the dues by $10 per member and this will be for the year 1974-75. This will amount to $41,500 which is to be allocated to the Commission on Public Information and dedicated to public speakers. I think this Board can direct that Commission to use its public speaking in this particular direction.

DR. INGRAM: I don't see why it is not in order. It is our bureau and we could certainly make suggestions to it. You're suggesting a motion directing it to include in their roster of speakers people who speak on this subject.

DR. SANTARE: Yes.

DR. INGRAM: Not to exclude other subjects.

DR. SANTARE: No.

DR. INGRAM: It has been moved and seconded that we as a Board direct our speakers' bureau to include in its roster of speakers those capable of speaking on this particular issue of medical liability. The motion was seconded and passed.

There being no further business to come before the Board, Dr. Ingram declared the meeting adjourned.

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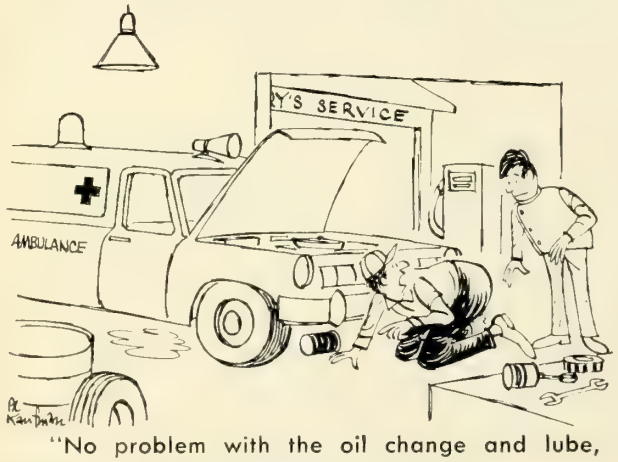
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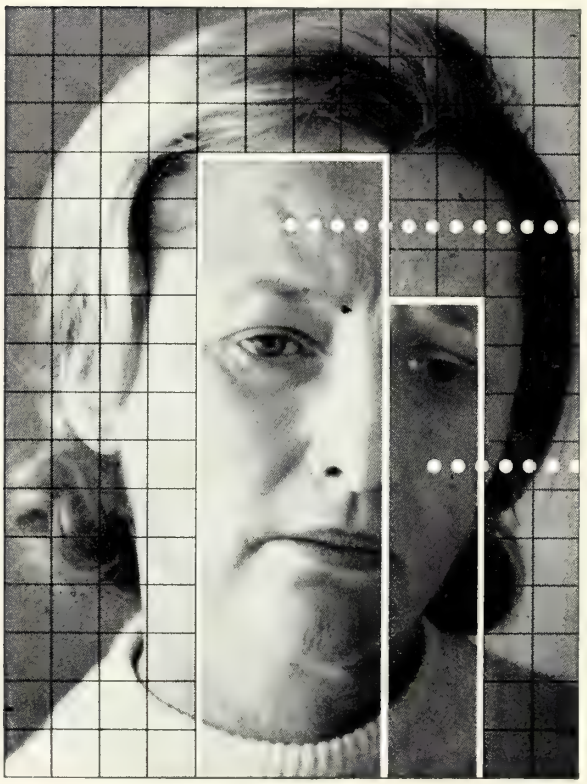


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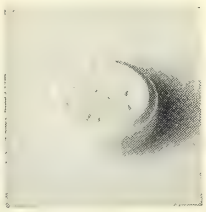
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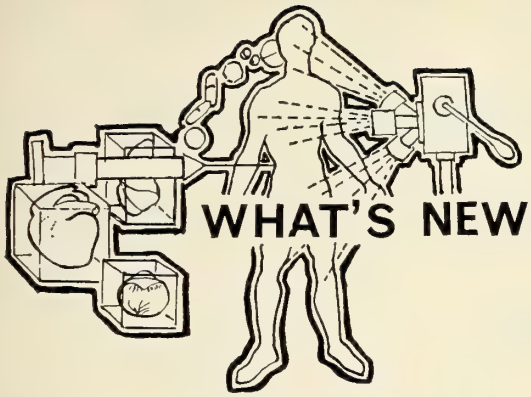
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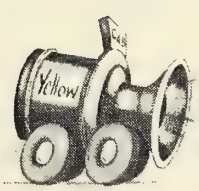
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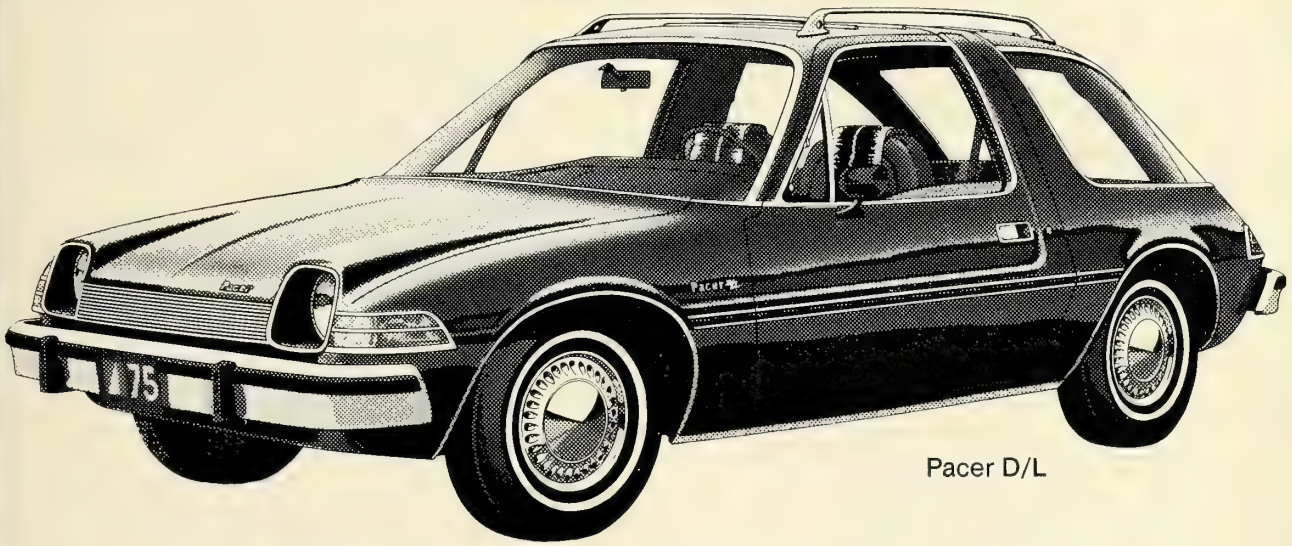
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4—Howard C. Jackson, Madison	Oct. 1977
5—Cleon M. Schauwecker, Greencastle	Oct. 1975
6—Paul M. Inlow, Shelbyville	Oct. 1976
7—John O. Butler, Indianapolis	Oct. 1977
7—Joseph F. Ferrara, Franklin	Oct. 1975
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9—William M. Sholty, Lafayette	Oct. 1976
10—Martin O'Neill, Valparaiso	Oct. 1977
11—James A. Harshman, Kokomo	Oct. 1975
12—Alvin J. Haley, Fort Wayne	Oct. 1976
13—G. Beach Gattman, Elkhart	Oct. 1977

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District	Term Expires
1—E. DeVerre Gourieux, Evansville	1976
2—Edgar R. Cantwell, Vincennes	1977
3—Thomas Neathamer, Jeffersonville	1977
4—William Blaisdell, Seymour	1976
5—William G. Bannon, Terre Haute	1976
6—Glen Ward Lee, Richmond	1975
7—John Pantzer, Indianapolis	1975
7—Donald McCallum, Indianapolis	1977
8—Jack L. Alexander, Muncie	1976
9—Max N. Hoffman, Covington	1977
10—Leonard W. Neal, Munster	1975
11—Lloyd L. Hill, Peru	1977
12—Franklin A. Bryan, Fort Wayne	1977
13—Donald S. Chamberlain, South Bend	1976

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Alternates: Thomas C. Tyrrell, Hammond; Peter R. Petrich, Attica.

Terms expire December 31, 1976:
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District	President	Secretary	Place and date of meeting
1.	Albert S. Ritz, Evansville	John H. Barrow, Dale	
2.	Jack L. Shanklin, Vincennes	J. S. Brown, Carlisle	June 11, 1975, Vincennes
3.	Claude J. Meyer, Jeffersonville	Charles X. McCalla, Paoli	Clarksville
4.	A. A. Daftary, Batesville	Lanny Copeland, Osgood	Ripley County
5.	Paul Humphrey, Terre Haute	Fred Dierdorf, Terre Haute	Terre Haute
6.	Davis W. Ellis, Jr., Rushville	Clarence G. Clarkson, Richmond	May 15, 1975, Richmond
7.	Ray D. Miller, Martinsville	M. O. Scamahorn, Pittsboro	May 14, 1975, Franklin
8.	Eugene M. Gillum, Portland	James S. Fitzpatrick, Portland	June 4, 1975, Portland
9.	Arthur Schoonveld, Brook	Kenneth Ahler, Rensselaer	June 12, 1975, Rensselaer
10.	Joseph M. Siekierski, Griffith	James R. Brown, Valparaiso	
11.	George W. Wagoner, Delphi	Fred Poehler, La Fontaine	Sept. 17, 1975, Delphi
12.	J. Robert Edwards, Auburn	Thomas A. Felger, Fort Wayne	Sept. 11, 1975
13.	John O. Hildebrand, Jr., South Bend	David L. Spalding, Mishawaka	South Bend



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

THE AMERICAN MEDICAL ASSOCIATION has submitted to the 94th Congress a new proposal for national health insurance (NHI).

In the parade of would-be NHI legislation before the new Congress, the medical profession's plan is the only major proposal to have been substantially revised from the offerings of previous years.

The measure is designed to provide full health care for all through private health insurance (with the exception of Medicare beneficiaries) including catastrophic illness protection.

The principal features:

- Mandated employer coverage.
- Coverage for the self-employed and unemployed with a subsidy for premium costs for those self-employed with low incomes.
- Supplemental coverage plus subsidized premium for Medicare beneficiaries in order to equalize benefits.

The major difference between the mandated plan and the Medicredit bill endorsed by the AMA in the last Congress is that the bulk of the government financing relies on general revenues rather than on tax credits, although the tax credit principle is retained for the self-employed.

Despite the 186 sponsors that backed the AMA's Medicredit plan last year—the largest body of support for any NHI measure including that of labor—considerable Congressional resistance developed to tax credits as a financing base.

Under the revised AMA proposal, most people would receive health care protection under a mandated employer program fully financed by premiums paid by employers and their employees. Participation would be optional for employees. At least 65% of the premium would be payable by the employer.

The former Medicredit principles would apply to insurance for the jobless and the self-employed. The individual or family would buy "qualified health care insurance," that is, insurance which meets federally established standards of benefits and policy conditions, and for those whose income falls within a defined subsidy level, the federal government would contribute towards the cost of the premium on a scale related to income.

Government contributions to premiums would be in the form of a credit against income tax or a certificate of entitlement issued by the government and acceptable by the insurer for payment of premium. An individual or family subsidy in any year would be based on its income (measured by income tax liability) for the preceding year. Limited income individuals or families having no tax liability would be entitled to a tax credit (or certificate) for the full amount of the insurance premium. For other eligible persons, the entitlement would range from 10% to 99% of the premium.

Non-employed Medicare beneficiaries would be eligible for federal subsidy for premiums for "qualified supplemental coverage" designed to equalize the available benefits for the elderly as for all others. Such supplemental insurance would be the same as the full insurance policy, for persons under 65, but would contain a clause for exclusion of all benefits obtainable under Parts A and B of Medicare. The supplemental insurance would not cover deductibles and coinsurance under Medicare but would require no deductible or coinsurance payments for the supplemental benefits.

The plan provides for continuation of an employee's insurance following termination of employment. Such insurance would be fully paid from a special fund created from general revenues to cover periods of unemployment.

The catastrophic coverage provision requires no deductible. Coinsurance would apply at a rate of 20% on the cost of all covered benefits, within a ceiling limit. The poor would pay no coinsurance, and for others, the coinsurance maximum would be 10% of the individual or family income, reduced by an "exclusion base." The amount of such exclusion would vary according to family size, and would be set at $4,200 for a family of four. Thus a family of four earning $15,000 would have a coinsurance limit of 10% of $10,800 ($15,000 less $4,200, or $1,080.) In no case, however, could coinsurance for a year exceed $1,500 for an individual or $2,000 for a family.

The ceiling on coinsurance would trigger catsatrophic expense protection. All benefits under the insurance policy would thereafter continue for the remainder of the policy with no further obligation for coinsurance.

Continued

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White	Warren V. Morris, Monticello	W. Martin Dickerson, 1114 O'Connor Blvd., Monticello 47960
Whitley	James R. Roth, Columbia City	Thomas G. Hamilton, Box 508, Columbia City 46725

Continued

Some special provisions:

- Employers whose payroll costs are increased by more than 3% as a result of purchasing mandated coverage for employees would receive a cash (or tax credit) subsidy: 80% of the excess cost in the first year, continuing on a descending scale for four years following.
- Employers who failed to comply with the mandate would be liable for reimbursement to employees for expenses incurred by reason of the employer's noncompliance, and subject to a fine of up to two times what the employer would have spent in compliance.
- For the unemployed and the self-employed, the maximum premium would be 125% of the average-per-employee premium for all large group employees in the state.
- An assigned risk pool would be established in each state. All carriers in the state would participate, and [each] would accept risk assigned to it.
- The federal government would be prohibited from interfering with the practice of medicine.
- Physician services would be reimbursable at "usual and customary, or reasonable charges." Hospital services payments would be determined by a state agency, after consultation with providers, on a "reasonable cost basis" under acceptable methods of reimbursement including appropriate prospective rate determination systems. Other costs would be paid on a reasonable charge or a reasonable cost basis, as appropriate.

As with the earlier Medicredit plan, the medical profession's new proposal would replace Medicaid.

DESPITE LOUD BARKS TO THE CONTRARY from Democrats of both House and Senate leadership, the chances of passage of any type of national health insurance (NHI) measure this year seem remote. And the odds at this time seem to suggest that NHI may have trouble the following year. The thinking seems to be that such landmark legislation is more likely to come about in the 95th Congress, due to the ever-growing restraints on the present economy.

Nonetheless, the House Ways and Means Committee's new subcommittee on health has named an advisory panel on NHI. The list numbers more than 100 names—with more to come—and draws heavily from academia.

According to Subcommittee Chairman Dan Rostenkowski (D-Ill.), "the advice of these experts, who will be meeting with the Subcommittee during the coming months, should be of great assistance as we try to better understand our complex health care system and how NHI can improve it."

Present plans are to study updated legislative recommendations of interested groups through April 15 and then hold few, if any, public hearings on NHI before tackling the job of framing a bill. The Subcommittee will be meeting almost every afternoon.

The advisory group was said to "contain no members who are officials of national organizations or groups that have espoused specific approaches to NHI." The members "know something that the Subcommittee should learn about and were not chosen to represent organized interests," said Rostenkowski.

Several ex-federal health officers were named, including: Wilbur Cohen, former Health, Education, and Welfare Secretary; Philip Lee, M.D., and Merlin Duval, M.D., former Assistant HEW Secretaries for Health; John Veneman, once HEW undersecretary; former Social Security Commissioner Robert Ball and a former Social Security actuary, Robert Myers.

From universities came Roberta Fenlon, M.D., of the University of California Medical School; Robert Heyssel, M.D., Director of the Johns Hopkins Hospital; Howard Hiatt, M.D., Dean, Harvard School of Public Health; Edmund Pellegrino, M.D., Professor of Medicine at Yale University; Ernest Saward, M.D., Associate Dean, University of Rochester School of Medicine; Nathan Stark, University of Pittsburgh School of Medicine; Kerr White, M.D., Johns Hopkins; and William Schwartz, M.D., chairman, Department of Medicine, Tufts University.

Continued



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Continued

Economists in the health field represented included I. S. Falk, Victor Fuchs, Rashi Fein and Herman Somers.

Individual practitioners with no affiliations listed were David Williams, M.D., Laurinburg, N.C.; Darwin Richardson, M.D., Needles, Calif.; Robert Derbyshire, M.D., Santa Fe, N.M.; and Dan Billmeyer, M.D., Oregon City, Ore.

THE PRESENT CRISIS IN THE UNDERWRITING of professional liability insurance has become a key issue in the new Congress. The Senate Health Subcommittee has slated hearings starting in April. The House Health Subcommittee is expected to follow suit. Five major bills tackling the problem already have been introduced.

However, a ticklish jurisdictional problem has cropped up, with no one sure yet what Congressional committee should have prime legislative responsibility. Technically, it would appear that the House and Senate Judiciary committees would have a strong claim because of the legal aspects of the problem. However, the Health subcommittees as well as House Ways and Means and Senate Finance also have an obvious stake.

Principal professional liability bills already introduced include:

- H. R. 1305, By Representative Marjorie Holt (R-Md.), to establish a Commission on Awards.
- H. R. 1378, By Chairman Dan Rostenkowski (D-Ill.) of the Ways and Means Health subcommittee, to provide for studies of the problem by the National Academy of Science's Institute of Medicine.
- S. 188, By Senator Gaylord Nelson (D-Wis.), to authorize HEW to set up a reinsurance program and to conduct studies and experiments.
- S. 482, By Senators Ted Kennedy and Daniel Inouye (D-Hawaii), for a no-fault plan eliminating contingency fees but subjecting physicians to strict supervision.
- S. 215, By the same Senators, to establish compulsory arbitration as an alternative to the above proposal.

The American Hospital Association has voted for the creation of a captive reinsurance company or comparable mechanism to implement a national malpractice and general liability insurance program for hospitals and a "positive legislative program" to seek remedies. A one-time assessment of $4 per hospital bed would help start the plan, which wouldn't be acted upon finally until a special meeting in May.

The AHA plan would provide first dollar coverage up to the limit of the policy purchased by the hospitals. It is expected that this policy would provide coverage for each and every malpractice occurrence of up to $15 million.

All employees of the hospital including house staff would be covered. Physicians under contractual compensation relationships would be included—emergency room contract physicians, anesthesiologists, radiologists, pathologists, etc., for their professional activities within the hospital.

However, AHA said the insurers have advised that private practitioners cannot be included at this time in this program.

Rep. James Hastings (R-N.Y.), a member of the House Health Subcommittee, has announced that a national conference on medical malpractice insurance will take place in late March in Washington. The two-day conference was arranged by Hastings and the American Group Practice Association. Hastings said he believes the conference will be the first attempt "to examine the causes of the malpractice crisis and explore all alternatives so as to be able to develop a workable remedy which would protect both the doctor and his patient."

Among the scheduled speakers are Senator Edward Kennedy (D-Mass.), Chairman of the Senate Health Subcommittee, Chairman Paul Rogers (D-Fla.) of the House Health Subcommittee, and Roger Egeberg, M.D., Special Assistant to the Secretary (HEW) for Health Policy Affairs.

Continued



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MONTH IN WASHINGTON

Continued

TEN PATIENTS AND FIVE PHYSICIANS have joined the American Medical Association in legal action against new hospital utilization review regulations adopted by the Department of Health, Education, and Welfare.

The action marks the first time the AMA has taken court action against the government. The suit, filed in Northern Illinois Federal District Court, seeks a preliminary injunction, on the grounds that the plaintiffs will be "irreparably injured" if the regulations are permitted to remain in force. Ultimately, a permanent injunction is requested.

The AMA and its co-plaintiffs contend that the utilization review regulations violate the constitutionally protected rights of patients to receive medical care in accordance with the best judgment of their doctors; violate the constitutionally protected rights of physicians to practice medicine; violate specific sections of the Medicare and Medicaid laws; exceed the authority granted to the Secretary of HEW; and were issued in a manner contrary to the procedures required by the Constitution and the Administrative Procedure Act.

The regulations become effective February 1 and hospitals have been given until April 1 to file with state agencies their plans for implementing the regulations. They require that every decision by a physician to hospitalize a Medicare or Medicaid patient be evaluated by a "utilization review committee" of the admitting hospital within one working day of the patient's admission.

The Committee may have members who are not physicians and may act through agents who are not physicians.

"This is the issue we are putting before the courts and before the American people," stated AMA President Malcolm C. Todd, M.D. "Is the decision that you need hospital care to be made by your doctor—who knows you—or by a physician who does not know you—or worse yet, by a non-physician?

"The issue is that simple," Dr. Todd said.

CONGRESS HAS SIGNALED for flank-speed on anti-recession legislation to provide health insurance to the unemployed. Hearings have been already slated by the Health Subcommittee of the House Ways and Means Committee. The Senate Health Subcommittee will also conduct hearings.

Major bills have been introduced in both House and Senate to ease the problems of the growing number of the out-of-work by helping them obtain private health insurance in those cases where it has lapsed because of unemployment.

The American Medical Association has proposed such assistance and urged the lawmakers to approve it.

The AMA bill contains the following concepts:

- Employers who provide health insurance for employees would be required to continue coverage for 30 days after an employee's termination.
- An unemployed person's working spouse would immediately be eligible to enroll in a health insurance plan, even if the plan was not open to enrollment otherwise.
- Other unemployed persons eligible for unemployment compensation would be continued in the plan at their last place of employment with premiums paid by the federal government from general revenues. ◀



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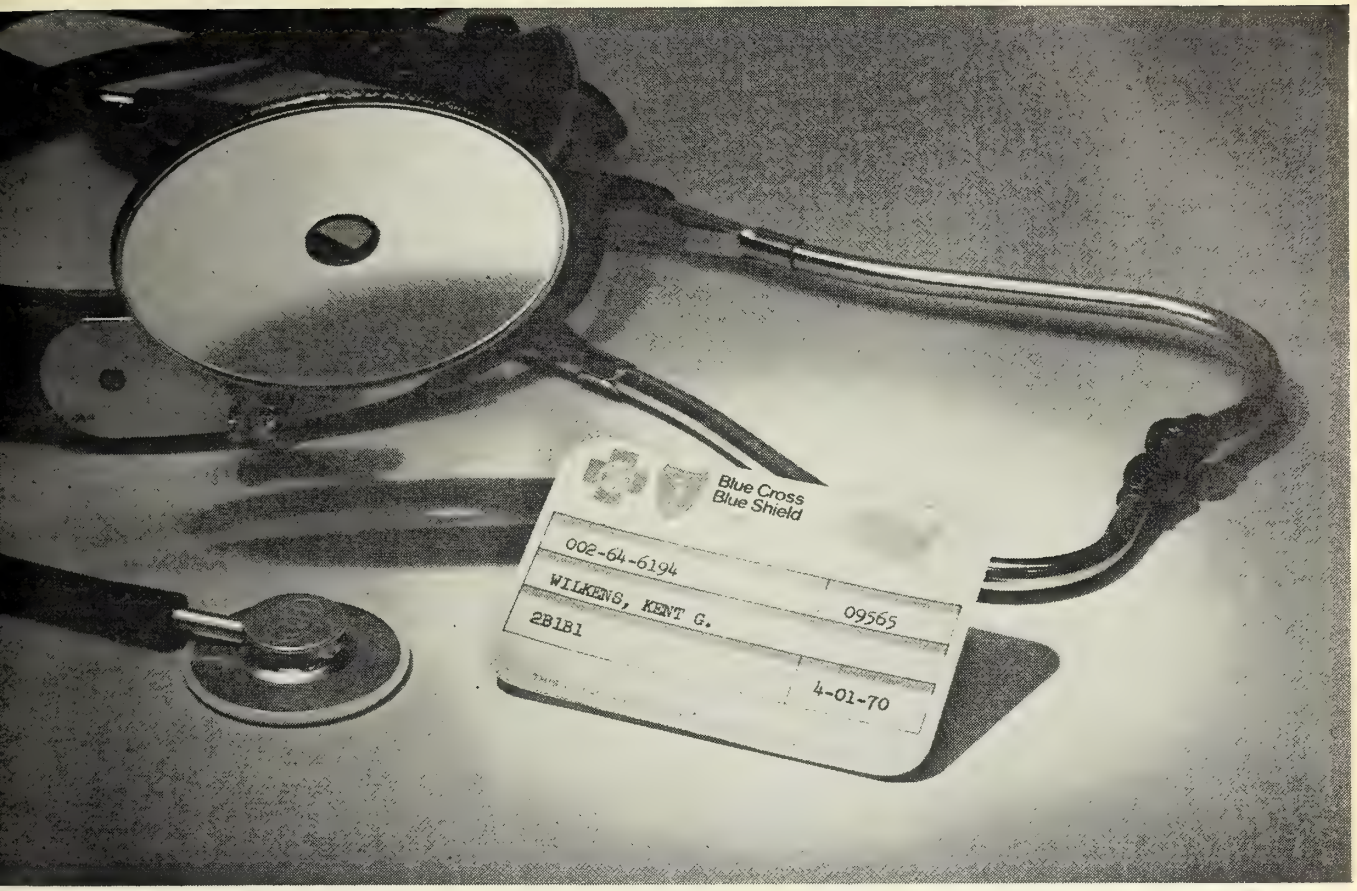
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The Meningitis Problem in Children

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Indianapolis

MENINGITIS is an inflammation of the covering of the brain and spinal cord which may be caused by a variety of things: viruses, bacteria, fungi or toxic substances introduced into the spinal canal. The meningitis referred to here is that which is caused by bacteria. Most often bacterial meningitis evolves as a complication of bacteremia, but it may result from a focus of infection such as otitis media, mastoiditis, or sinusitis. Though vaccines for the primary prevention of certain types of bacterial meningitis are under study,[1,2,3] at this time, there is no means of preventing this all too common and serious problem.

Figure 1 demonstrates the decline in the crude death rate from meningitis (not tuberculous or meningococcal) which occurred 1937-1948 with the discovery and widespread use of antibiotics. Since that initial decline, however, the crude death rate has been 1.3 deaths per 100,000 persons per year. Likewise, the crude death rate from specific causes of meningitis has remained fairly constant over this period. In certain areas the estimate of the incidence of meningitis due to *H. influenzae* is 1 per 2,000 children less than 3 years of age.[4,5] Meningitis is the fifth most common cause of death in children 1-4 years of age.[6]

It is of interest that the case-fatality ratio for meningitis has not changed in the past 20 years, even though specific antimicrobial therapy has been available. Why? No one knows, but clinical experience would suggest three categories of reasons.[7]

(1) The nature of the illness itself is important. A patient with meningitis may present with signs and symptoms which are nonspecific, thus causing a delay in diagnosis; or the patient may present with such a fulminant disease[8] that it is unlikely medical aid, however early, would have been life-saving.

(2) The matter of illness behavior[9]: the complex set of interactions which determine why and when people seek medical care. Doing something about one's state of health, or in this instance parents doing something about their child's state of health, involves a series of perceptions and actions within the family. Some perceive illness more quickly than others for a variety of reasons. The illness, once perceived,

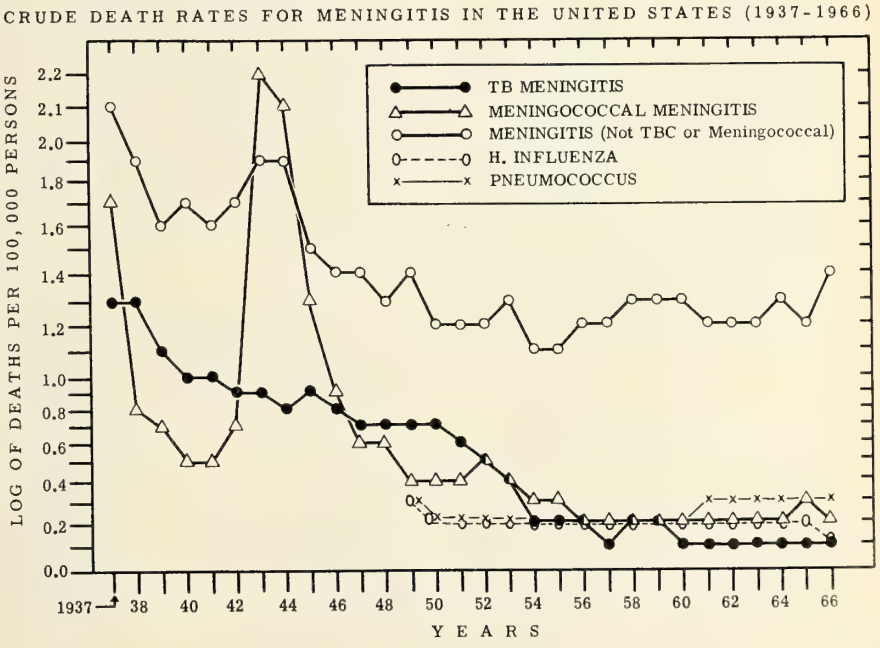


Figure 1

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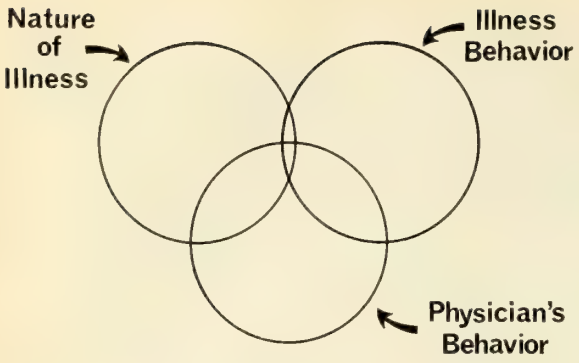


Figure 2

Interaction of categories of reasons for continuing mortality from meningitis.

requires another set of definite actions on the part of the family—making the decision to go to the doctor.

(3) Finally, the physician's behavior.[10] The diagnosis of meningitis is established with a lumbar puncture. Because the signs and symptoms of meningitis may be so nonspecific, the decision of a given physician to do this procedure is a matter of experience. One who rarely sees a case of meningitis is less likely to think of the diagnosis than one who sees several cases a month. The possible interaction of these factors is shown in the diagram (Fig. 2). No studies are available which allow one to quantitate which factor or subset of factors is most important in deaths of patients with meningitis.

Clinical Signs and Symptoms

The clinical presentation of meningitis varies greatly with age.[11] Infants less than two to three months of age may present with fever or even hypothermia. Cyanosis, jaundice, high-pitched cry, fretfulness, irritability, jitteriness, poor feeding, bulging fontanel and frowning all suggest the possibility of meningitis. It is important to stress that fever may be absent in the neonate.

In the infant three to six months of age, fever is usually present. However, signs of meningeal irritation may not develop until late in the disease. High-pitched cry, projectile vomiting, drowsiness, irritability and vacant stare should arouse the clinician's suspicion of meningitis, even in the absence of meningeal signs. In infants older than six months, meningeal signs such as stiff neck, positive Kernig's and Brudzinski's signs are usually more readily detected, along with fever, vomiting and irritability.

The older child often presents with complaints of photophobia, projectile vomiting, headache, and may progress to convulsions. In the post-ictal state one may not elicit signs of meningeal irritation. Less than optimal antibiotic therapy may obscure meningeal signs, and fulminant disease may present with minimal meningeal signs.

Diagnosis[12]

Any patient thought to have meningitis should have a lumbar puncture with culture of the cerebrospinal fluid (CSF). One should determine the total cell count and differential, glucose, and protein concentration. Depending on the history, one may also request smears for acid-fast bacilli and India ink preparations with culture for mycobacteria and fungi. If petechiae are present, a gram stain of the scrapings will frequently give the presumptive diagnosis. Though a gram stain of the CSF sediment should always be done, the results must be considered presumptive and the case treated as meningitis of unknown etiology until the definitive diagnosis is established. A blood culture should be obtained before starting antibiotics.

Therapy

Supportive: About 10% of patients who present with meningitis are in shock. One must support adequate circulation by the infusion of blood, plasma, or plasmanate at 10-20 ml/kg. One should monitor peripheral arterial pressure or central venous pressure and urinary output as a guide for further treatment. Pharmacologic doses of corticosteroids may be given: hydrocortisone 50 mg/kg initially, followed by 25 mg/kg every 3-4 hours for 24-48 hours, if necessary.

Because of possible inappropriate antidiuretic hormone secretion, intravenous fluids are given at two thirds to three fourths of calculated maintenance. Irregular respirations, increased blood pressure, and bradycardia are evidence of increased intracranial pressure. It is not definitely established that the use of mannitol or urea is of value in controlling cerebral edema due to inflammation, but in a desperately ill patient they are often given. When mannitol or urea are given one must pay close attention to the fluid balance.

Antibiotics

Antibiotics are selected on the basis of what is the most likely cause. Because of the increased like-

TABLE I

Age Variation in Presenting Signs and Symptoms of Meningitis

Less than 3 months	3-6 months	Older child
Fever	Fever	Fever
Hypothermia	High-pitched cry	Photophobia
Cyanosis	Projectile vomiting	Headache
Jaundice	Drowsiness	Projectile vomiting
High-pitched cry	Irritability	Convulsions
Fretfulness	Vacant stare	Stiff neck
Irritability	Signs of meningeal irritation usually late	Kernig's and Brudzinski's sign
Jitteriness		
Poor feeding		
Bulging fontanel		
Frowning		

TABLE 2

Drugs Used in Management of Children with Meningitis

DRUG	ROUTE	DOSE
Antibiotics		
Ampicillin	I.V. or I.M.	Neonates (Under 1 week) 50-100 mg/kg/day ÷ 2-3 doses (1-4 weeks) 150 mg/kg/day ÷ 2-3 doses Older infant or child initial dose 100 mg/kg I.V. then 200-400 mg/kg/day ÷ 4-6 doses
Carbenicillin (Do not mix with gentamicin or kanamycin)	I.V. or I.M.	All patients should receive loading dose 100 mg/kg then: Neonate Premature 225 mg/kg/day ÷ 3 doses Full-term (Under 1 week) 300 mg/kg/day ÷ 4 doses (1-4 weeks) 400 mg/kg/day ÷ 4 doses Older infants and children 400-500 mg/kg/day ÷ 6 doses
Chloramphenicol (For patients with penicillin allergy)	I.V. or Oral	Neonate: Not to exceed 25 mg/kg/day **If used, monitor patient carefully** Older infant or child 100 mg/kg/day until response then 50 mg/kg ÷ 4 doses Note: Not dependably absorbed from I.M. injection.
Polymyxin B	I.M.	3.5-5 mg/kg/day ÷ 2-3 doses
For Meningococcal Prophylaxis		
Minocycline	Oral	Adults: 200 mg initially, then 100 mg q12h x5 days
Rifampin	Oral	Children: 10-20 mg/kg not to exceed 600 mg/day Adult: 600 mg in single daily dose for 4 consecutive days
Anticonvulsants		
Diazepam (Valium)	I.V. (Slowly) Slowly I.V. over 1-2 minutes	0.3 mg/kg or 1 mg for each year of age with maximum of 10 mg. May repeat in 30 minutes.
Dilantin	I.V. or I.M.	5-7 mg/kg/day may be given as single dose
Phenobarbital Sodium	I.M.	4 mg/kg May repeat additional 2 mg/kg q45 minutes up to total dose of 12 mg/kg
Diuretics for Cerebral Edema		
Mannitol (as 15-20% solution)	I.V. (Over 30-60 minutes)	2 g/kg
Urea	I.V. (Over 30 minutes)	1-1.5 g/kg
Steroids for Septic Shock		
Hydrocortisone Succinate	I.V.	50 mg/kg May repeat q60 minutes up to 4 times if no response

TABLE 2 (Continued)

Methylprednisolone Sodium Succinate	I.V.	30 mg/kg May repeat in 2-4 hours, 3-4 times/24 hours if needed.
Colistimethate	I.M.	5-8 mg/kg/day ÷ 2-3
Gentamicin	I.M.	Neonate: (Under 1 week) 5 mg/kg/day ÷ 2 doses (1-4 weeks) 7.5 mg/kg/day ÷ 3 doses
	Intrathecal	1-2 mg/day
Kanamycin	I.M.	Neonate: (Under 1 week) 15 mg/kg/day ÷ 2 doses (1-4 weeks) 15-22.5 mg/kg/day ÷ 3 doses
Methicillin	I.V.	Neonate: (Less than 1 week) 100-150 mg/kg/day ÷ 4 doses (1-4 weeks) 200-250 mg/kg/day ÷ 4 doses Older infants and children 200-400 mg/kg/day not to exceed 16 g/day ÷ 6 doses
Nafcillin	I.M.	Newborn 20 mg/kg/day ÷ 2 doses
	I.V.	Older infants and children 50-100 mg/kg/day ÷ 6 doses
Oxacillin	I.V.	Newborn 25 mg/kg/24 hours ÷ 2 doses Older infants and children 100 mg/kg/day ÷ 4-6 doses
Penicillin G (Use only aqueous pencillin G in the neonate)	I.V. or I.M. (If giving K+ salt I.V. to Neonates, inject slowly)	Newborn 100,000 units/kg/day ÷ 2 doses Older infants and children 200,000-400,000 units/kg/day ÷ 4-6 doses

lihood of gram negative organisms in infants less than 2 months of age, the regimen of choice includes ampicillin with either kanamycin or gentamicin.[13] Either methicillin, nafcillin or oxacillin should be substituted for ampicillin if the possibility of staphylococcus meningitis seems likely.

For patients older than two months, ampicillin alone is sufficient since almost all bacterial meningitis in these children is due to *H. influenzae, S. pneumococcus* or *N. meningitidis*.[14] Once the bacteriologic diagnosis is established, one may wish to continue ampicillin or switch to penicillin if the organism is identified as pneumococcus or meningococcus. Either regimen is considered acceptable.

One has the unique opportunity to monitor the *in vivo* efficacy of treatment in meningitis by culturing the CSF after initiation of therapy. If the choice of antibiotics is appropriate, the CSF will be sterile. Occasionally one may see organisms in the gram stain at 24 hours which are not viable. The cell count is usually decreased, protein concentration may be increased or the same, and the glucose concentration is usually increased. The important fact to establish from the lumbar puncture at 24 hours is a negative culture. If the culture of CSF taken 24 hours after initiating therapy is not sterile, the antibiotic should be changed. Infants less than two months of age are an exception since cultures of the CSF may be positive even after 24 hours of therapy, though the antibiotic is correct. However, if the infant is desperately ill or if the clinical condition does not seem to be improving, one may elect to give 1-2 mg kanamycin or gentamicin intrathecally.[15] The choice between kanamycin and gentamicin will depend on the antibiotic sensitivity of the gram negative organisms, especially *E. coli* and other enterobacter. Large nursery units should be keeping track of antibiotic sensitivities of *E. coli* and other enterobacter isolated from septic infants so they can recognize when these organisms are becoming resistant to kanamycin.[16]

Prophylaxis of Contacts

Secondary cases of *H. influenzae* meningitis do occur in families, but because of their low incidence most physicians do not treat contacts prophylactically. It is only fair to add, however, that some do.[17,18]

Time was when all meningococci were sensitive to the sulfonamides, and it was reasonable to give sulfonamides to prevent meningococcal disease. Since the emergence of sulfonamide resistant strains, however, it has become difficult to eradicate the carrier state. There is a difference of opinion as to whether

penicillin should be given to family contacts of a patient with meningococcal meningitis. Those who favor penicillin prophylaxis[19] note that secondary clinical cases are more likely to develop during the first four days after onset of the index case among family contacts. Oral penicillin 250 mg 4x per day or erythromycin 500 mg 4x per day orally may be given as prophylaxis. There are reports of patients developing meningitis while being treated with prophylactic penicillin.[20] The U.S. Public Health Service has written:

"Chemotherapy is indicated to eradicate the meningococcal carrier state in household contacts of patients with meningitis. Rifampin and minocycline are current drugs of choice in adults, but there are no published data concerning the efficacy of these drugs in children. The Food and Drug Administration has approved these drugs for eradicating the carrier state in adults."[21]

Whether one gives prophylactic antibiotics or not, one must advise families of the increased risk of secondary attacks and urge them to seek medical attention at the first signs of illness.[22]

Complications

Think of complications when the patient experiences prolonged fever, fever after an afebrile period, or when the patient is just not doing well. Subdural effusion should be considered if there is persistent bulging of the fontanel, convulsions, failure to show the expected clinical course after initial period of improvement, or persistent vomiting. Helpful diagnostic tests include transillumination of the skull, rapid increase in the occipitofrontal circumference, EEG and echoencephalogram. Subdural effusions rarely occur with meningococcal meningitis but are associated with *H. influenzae* and pneumococcal meningitis. Subdural effusions should be tapped daily or every other day, and if significant quantities of fluid continue to accumulate for a period of 10-14 days surgical intervention might be considered. Brain abscess is unknown with meningococcal disease, unusual with *H. influenzae* but does occur with pneumococcus, streptococcus, staphylococcus and other organisms. A brain scan and cerebral angiogram are often helpful in localizing the lesion. Other complications of meningitis include sinusitis, mastoiditis and neurologic sequelae.

In an interesting study of prolonged and secondary fevers in bacterial meningitis Balagtas and colleagues[23] found that these fevers were rarely due to failure of antibiotic therapy. In 88 patients with meningitis 25 developed secondary fever, 12 had phlebitis, 4 had drug fever due to the antibiotics, 1 patient acquired measles and in 8 patients no definite cause for the fever was found. The authors emphasized that effective antimicrobial therapy has minimized bacteriological relapse and nosocomial infections are now more common as a cause of secondary fevers in meningitis.

Duration of Therapy

In infants less than two months of age, especially if infected with a gram negative organism, treatment should be for at least three weeks, preferably I.V. Minimal treatment for older patients is 5-7 afebrile days. On the average, this results in 10 days of therapy for *H. influenzae,* 7 days for *N. meningitidis,* 14 days for *S. pneumococcus* and 14 days for meningitis due to an unknown organism. At the end of this period one may have another look at the CSF. At that time the total cell count is usually less than 30, the glucose and protein are returning toward normal and, of course, the culture of the CSF is sterile. It is advisable for the patient to remain in the hospital for a couple of days off therapy, to observe for relapse.

Of patients who recover from pyogenic meningitis, 10-15% have some demonstrable sequelae—cerebral damage, hydrocephalus, auditory or visual impairment, spastic hemiplegia, seizure disorders, mental retardation or learning disability. It is important that the patient be followed for several months so that disability can be detected and rehabilitation begun.

Reporting Cases

Finally, all cases of meningitis should be reported to the State Board of Health. An indication of the lack of reporting is shown by the ratio of deaths due to meningitis to the total number of cases reported (Table 3). In most large series the case-fatality ratio (CFR) is about 10%. For the past 5 years in Indiana the CFR for bacterial meningitis is 59%. This extraordinarily high CFR is probably explained by the lack of reporting of non-fatal cases. Assuming a 10% CFR as a reasonable number, one would anticipate 2500 cases occurring over this five-year period rather than 425, suggesting that only one of five cases is currently being reported to the State Board of Health.

TABLE 3

Cases and deaths from meningococcal and non-meningococcal non-tuberculous meningitis reported to the Indiana State Board of Health. 1968-1972

	CASES		DEATHS	
Year	Meningococcal	Other Bacterial Meningitis	Meningococcal	Other Bacterial Meningitis
1968	49	54	17	38
1969	56	52	24	36
1970	30	43	12	42
1971	27	56	13	39
1972	15	43	5	23
TOTAL	177	248	71	178
	425		249	

Case fatality rate 59%

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DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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Management of Inguinal Hernia and Hydrocele In Infants and Children

JAY L. GROSFELD, M.D.
Indianapolis

AS the testis descends from its retroperitoneal site of embryologic origin and follows the course of the gubernaculum testis into the scrotum, a portion of the peritoneum (the processus vaginalis) is pulled along through the internal ring. This peritoneal diverticulum (the processus vaginalis) usually undergoes obliteration. In a significant number of newborns, persistent patency or incomplete obliteration of the processus vaginalis results in a variety of anomalies (Fig. 1).[1] Complete patency often results in a scrotal hernia. Obliteration distally and persistence proximally may result in the usual inguinal hernia.

Congenital inguinal (indirect) hernias are observed in from 5 to 10% of newborn boys. Inguinal hernia is nine times more common in boys than girls. Clinically apparent hernias are more frequently observed (60%) on the right side, due to the later descent of the right testicle and delayed closure of the processus. Thirty percent of clinical hernias occur on the left and 10% are bilateral.

Hydroceles (water sac) are also commonly observed in infants and children. These are usually the result of incomplete obliteration of certain areas of the aforementioned processus vaginalis. These include hydrocele of the tunica vaginalis (which is the most common), hydrocele of the spermatic cord in males or in the Canal of Nuck in females, and communicating hydroceles which are actually indirect inguinal hernias with a small neck (at the internal ring) communicating with the peritoneal cavity.

Examination of the inguinal area for a hernia may show an obvious bulge at the site of the external ring which one may reduce gently and feel gas-filled viscera in the sac. The bulge may only be seen during severe straining such as crying or defecation where increased intra-abdominal pressure exists. If the infant is old enough to stand, he or she should be examined in both the supine and erect position. In cases where the bowel passes into the scrotum (a scrotal hernia), the viscera may be easily palpated in the scrotal sac. The so-called "silk sign," which may be observed by rubbing the index finger over the thickened cord structures, which is due to the presence of the sac is suggestive but is not pathognomonic of a hernia. When examining for inguinal hernia it is also essential to make sure the testicle is within the scrotum prior to examination, in order to prevent mistaking a retractile testis for a hernia bulge. It is difficult and painful to attempt palpation of the external ring and inguinal canal in small infants by digital examination upward via the scrotal sac, as often done in the adult. This maneuver should be omitted in small babies.

It is difficult to demonstrate the presence of a hernia sac in certain instances. In these cases one may rely on the referring physician's observation of the hernia, or more rarely, on the infant's mother, depending on her credibility evaluation. It is desirable for at least one physician to document the presence of hernia prior to performing an operation. The procedure of choice is high ligation of the proximal sac at the internal inguinal ring. A formal repair is usually not indicated.

While the clinically apparent unilateral hernia is routinely operated on at the time of diagnosis, some controversy exists as to the treatment of the contralateral side. Some

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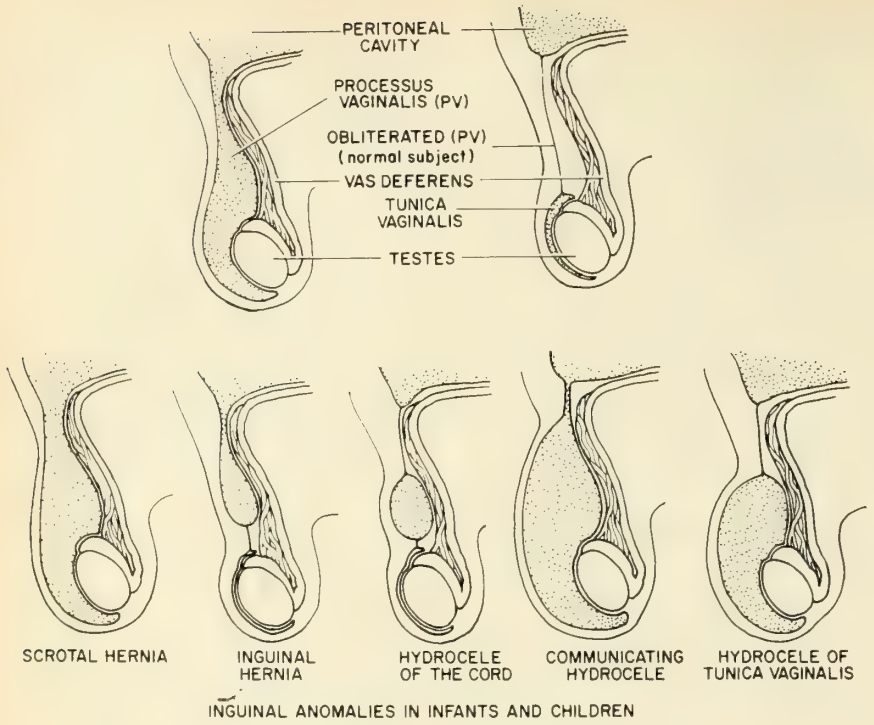


FIGURE 1

pediatric surgeons routinely explore the opposite groin because of the great likelihood of a patent processus vaginalis (a potential hernia) being present.[1,2,3] Others repair only the clinically obvious side and simply observe the other side. The natural history of the processus vaginalis was described by Rowe et al.[1] In a report concerning more than 2,300 cases, they noted that in 30% of the cases the processus vaginalis obliterates within the first two to three months of life. An additional 30% of infants will obliterate their processus vaginalis by the age of two years. It is apparent that no further closure of this potential hernia occurs after the age of two years. Of the remaining 40% of patent cases, 20% will subsequently develop a clinically apparent hernia, whereas the additional 20% will maintain their patent processus vaginalis throughout life (documented by adult necropsy) without developing any clinical signs of hernia. It is difficult, however, to detect which cases will fit into which category. Although the right inguinal hernia is more common, it is more frequent to find a patent processus vaginalis on the right side if the unilateral hernia presents on the left. Furthermore, little girls with inguinal hernias, more commonly, have a contralateral patent processus vaginalis than boys. The long term patency for little girls is close to 60%, whereas in boys it goes down to around 42%. It has been our practice, therefore, to routinely explore the contralateral side on most infants and children, particularly those under the age of five years, girls, and those with a left unilateral inguinal hernia. We believe contralateral exploration is reasonable if the operator is experienced and skilled in performing infant inguinal hernia repairs, the anesthetist is equipped and experienced in administering anesthesia in small infants, and the patient has no serious underlying condition to increase the risk of operation. The clinically obvious hernia is always performed first.

A hydrocele of the tunica vaginalis is a soft, usually non-tender, fluid-filled sac that transilluminates and envelops the testicle. This is often associated with an inguinal hernia. A hydrocele that changes size (gets bigger during activity and smaller after sleeping) suggests the presence of the communicating variety which is actually an indirect inguinal hernia. Hydroceles of the spermatic cord in boys or in the Canal of Nuck in a little girl, are usually smaller, located in the mid-inguinal canal, non-tender, and mobile and may also communicate with the peritoneum. Congenital hydroceles should be differentiated from the acquired type which are more commonly seen in older children and adults as a result of trauma, tumor or inflammation.

Communicating hydroceles are hernias and should be operated upon at the time of diagnosis. Hydroceles of the tunica vaginalis and cord (that don't change in size) usually need not be operated upon before the age of one year. Lesions persisting beyond that time will usually require operative treatment. Aspiration as a mode of therapy should be avoided, because the dangers of infection and testicular or cord structure damage in a small infant are real. All congenital hydroceles should be approached by the inguinal route because of the high percentage of cases with associated inguinal hernias.

Communicating hydroceles are treated like congenital inguinal hernias, with high ligation of the sac the procedure of choice. Hydrocele of the cord or of the Canal of Nuck usually can be shelled out in toto without blood loss. Attempts to completely excise a hydrocele of the tunica vaginalis in the small infant, on the other hand, are often complicated by excessive bleeding from the testicular edges and postoperative scrotal hematoma. The major portion (avascular innermost membrane) of the hydrocele should be resected, leaving a rim of tissue attached to the testicle.

Incarcerated Hernia

Inguinal hernias are prone to complications, particularly incarceration. Incarceration is defined as a hernia (usually containing viable small bowel) which is "stuck" or confined and therefore is irreducible. Incarceration is observed in 17% of all right-sided and 7% of

left-sided inguinal hernias. Incarceration may lead to strangulation, which is defined as the contents of the sac being deprived of its vascular supply. In addition, testicular atrophy by compression of the spermatic artery and vein is also observed in incarcerated cases (as well as in large scrotal hernias and tense hydroceles), particularly in the first three months of life. Incarceration is most common in the first six months of life where more than 50% of cases are observed. By the age of two years, 80% of the incarcerations are observed. The incidence of incarceration is higher in girls than boys despite the increased incidence of inguinal hernia being much greater in males (9:1). Incarceration in girls more often requires emergency operation as well. Rowe and Clatworthy noted 29% of girls with incarcerated hernias required emergency operation as compared to 17% of boys.[4]

The management of incarcerated hernia in the infant differs somewhat from that in the adult. Most adult patients are usually managed by emergency operation. In contrast, children who have had incarceration of short duration are managed in 75%-80% of cases by conservative measures with safe reduction of the incarcerated hernia. The key points in this approach are as follows:

1. Sedation (see Table I).
2. Trendelenberg position (by carefully suspending the entire child by his legs in bed).
3. The use of an ice-pack (over vaseline gauze to prevent cold injury to the scrotal skin).
4. When the baby is quiet, and spontaneous reduction is not observed, gentle "taxis" on the involved hernia will usually reduce this without the necessity of emergency operation.

TABLE I

SEDATION FOR "NON-TOXIC" INCARCERATED INFANTS

AGE	MEDICATION/DOSE
0-3 Months	Seconal or Nembutal—1 mg/kg IM
3-6 Months	Seconal or Nembutal—1 mg/kg IM and Demerol — 1 mg/kg IM
6 Months Or Over	Morphine Sulfate—0.2 mg/kg IM (Morphine sulfate should not be used in infants under six months of age.)

One can usually safely delay exploration for incarcerated hernia to allow either spontaneous reduction or gentle manipulative reduction with these measures for approximately four to six hours. Delay beyond this period, if the hernia is irreducible, is unwarranted. It is also of interest that there is a 22% complication rate following emergency operation for incarcerated inguinal hernia.[4] These include wound infection, injury to the vas deferens, testicular vascular compromise, and a more frequent recurrence rate. This is compared to an inclusive complication rate of about 1% in elective hernia cases. It is, therefore, worthwhile to reduce the hernia when possible and do an elective procedure within 48 hours of the reduction. Recurrent incarceration is frequent when operation is further delayed. Such reductions of incarcerated hernias should not be attempted in instances where the incarceration is of long duration or toxicity (characterized by fever, tachycardia, abdominal distention, red or blue discoloration over the hernia, and tenderness) is observed.

There remains a significant number of children with inguinal hernia who are still being subjected to the unnecessary risk of incarceration and strangulation because of delay in therapy. It is unfortunate that in this day and age with improved anesthetic and pediatric surgical technics certain practitioners delay referral of some infants because they are "too small." Due to the increased frequency of complications in congenital inguinal hernias, early operation is indicated *at the time of diagnosis,* particularly in infants under the age of 11 months with right-sided hernias and in females. We have performed inguinal herniorrhaphy safely and successfully as early as the newborn period (age two-four weeks) and advise this procedure in any infant over five pounds in weight on an elective basis where appropriate operative and anesthetic expertise is available.

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Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

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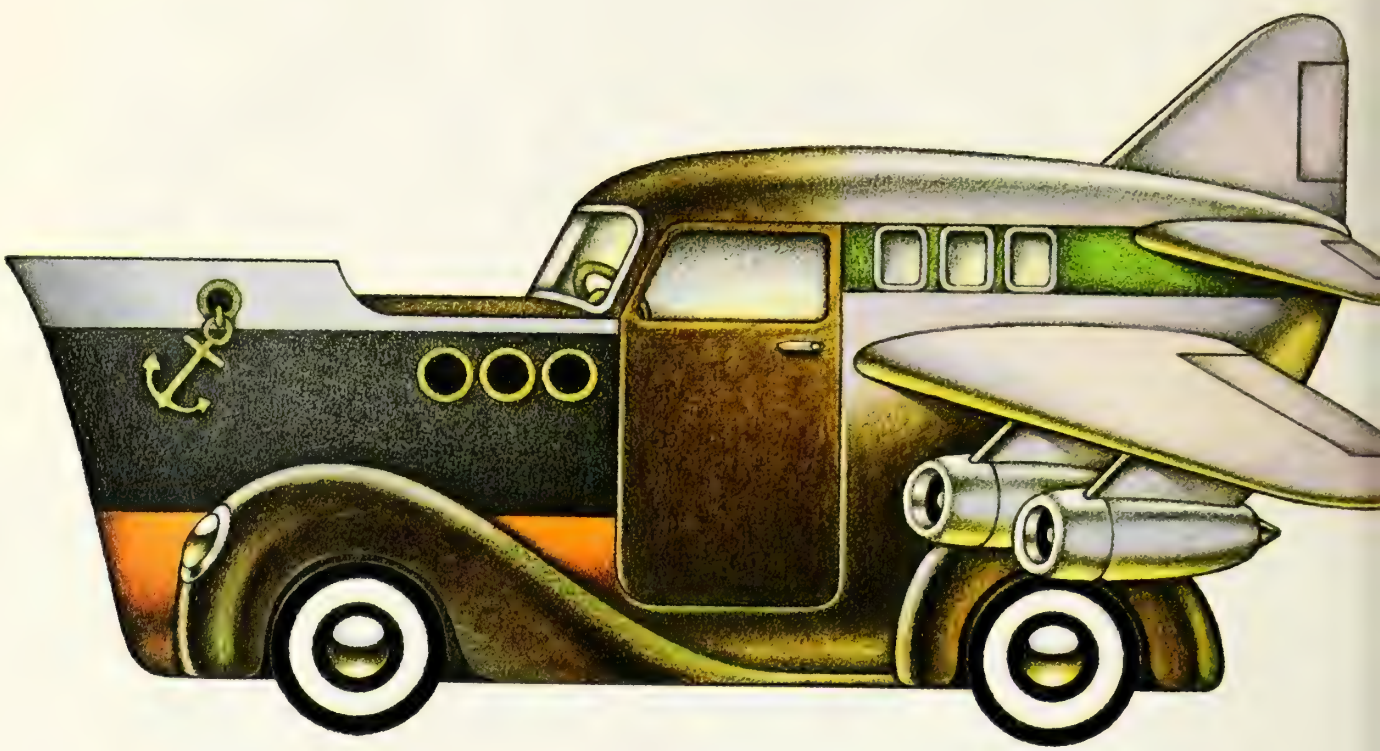
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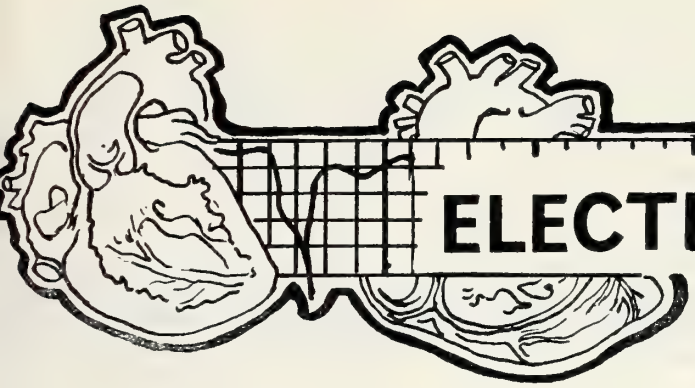
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ELECTROCARDIOGRAM OF THE MONTH

Ventricular Echoes

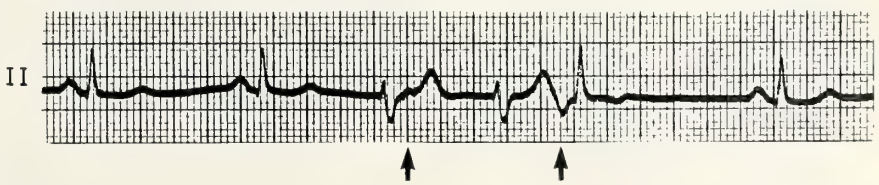
JOHN C. BAILEY, M.D.
Indianapolis

VENTRICULAR echo beats (return extrasystoles, reciprocal beats) are a form of re-entry within the atrioventricular junction when this structure exhibits depressed conduction. Electrocardiographically, ventricular echo beats are recognized when an AV junctional or ventricular ectopic beat is followed after a prolonged R-P interval (>0.20 sec) by a retrograde P wave that is then succeeded by a second premature ventricular complex (the ventricular echo beat) that usually resembles the normal, sinus-conducted QRS complex. The ventricular echo beat may, however, be aberrantly conducted in the ventricles because of its prematurity. Thus, a retrograde P wave is "sandwiched" between two ventricular complexes. To explain the mechanism for this re-entry within the AV junction, two assumptions, based on experimental observations must be made: (1) there is unequal depression of conduction in the AV junction, and (2) the more depressed region of the junction is blocked to conduction in one direction but permits slow conduction in the opposite direction (so-called "undirectional block").

In the electrocardiogram under discussion, a premature ventricular systole (3rd QRS complex) occurs. Superimposed on the ST segment of the premature ventricular systole is an upright sinus P wave (first arrow) that is not conducted to the ventricles. A second premature ventricular systole then occurs. Slow retrograde conduction to the atrium follows after 0.38 sec, indicated by an inverted P wave (second arrow). There follows another premature, but normal-appearing QRS complex. This complex is the ventricular echo beat. During slow retrograde conduction of the premature ventricular systole to the atrium, the impulse found a return pathway within the atrioventricular junction that permitted forward conduction back to the ventricles.

Echo beats must be distinguished from incomplete AV dissociation with sinus capture beats. In the latter circumstance an upright, sinus P wave is sandwiched between the ectopic and the premature QRS complexes.

Treatment of ventricular echo beats, per se, is not necessary, although this arrhythmia frequently indicates digitalis excess. ◄



AN EXAMPLE of a ventricular echo beat following the second premature ventricular ectopic beat.

From the Krannert Institute of Cardiology, Marion County General Hospital, and the Department of Medicine, Indiana University School of Medicine, Indianapolis, Indiana



CLINICAL ONCOLOGY FOR MEDICAL STUDENTS AND PHYSICIANS — Fourth Edition, 1974

This outstanding syllabus is a comprehensive presentation of a multidisciplinary approach to oncology. It contains 24 articles covering general aspects of the cancer problem, including its incidence and pathology, the social and psychological aspects of the disease, the indications for and limitations of treatment by surgery, radiotherapy and chemotherapy, and a presentation by site of current practices from a unified, cross-specialty perspective. An appendix extends background information into the areas of basic radiation physics and biology, immunotherapy, and nursing care of the patient.

This publication has been designed as an outline to augment the cancer teaching exercises for clinical students of medicine and as a guide for graduate physicians. Copies of the syllabus are available from the above ACS address.

NATIONAL CONFERENCE ON ADVANCES IN CANCER MANAGEMENT, PART II: DETECTION AND DIAGNOSIS — sponsored by the ACS and the National Cancer Institute

WHEN: May 1, 2, and 3

WHERE: The Denver Hilton, Denver, Colo.

Detailed information concerning the sessions was published in the March 1975 *ISMA JOURNAL*. Contact the local ACS Unit for additional information.

AMERICAN CANCER SOCIETY
Services Available

A variety of services are available through the local county ACS units throughout Indiana. Listed and briefly discussed are services which can be obtained through the ACS. Development of specific programs depends on the volunteers involved in the individual counties. If any of the services are not presently functioning within your local county, contact the ACS in a nearby county.

PUBLIC AND PROFESSIONAL EDUCATION PROGRAMS — films concerning a variety of cancer-related topics are available for loan upon request. Literature and speakers accompany the film showing. Through such programs the lay and professional personnel have an opportunity to gain or update knowledge about cancer.

PUBLIC AND PROFESSIONAL LITERATURE — literature explaining various cancer problems gives vital detection and diagnosis information to the lay and professional people. Public information pamphlets are available for doctor and dentist office distribution. Technical and scientific brochures can be requested by medical professionals.

TELETAPE SERVICE FOR CANCER EDUCATION AND CANCER CONTROL FOR THE MEDICAL AND DENTAL PROFESSIONAL — **TELETAPE** is a medical information service on cancer provided to physicians, dentists and nurses. Short (six to seven minutes) pre-recorded medical lecture-consultations are available by calling, toll free, 1-800-382-1579 or, in Indianapolis, call 257-5329.

The hours of operation are Monday through Friday, 8 a.m.-11 p.m. Saturdays and holidays (with the exception of Christmas, New Years' and Thanksgiving) 9 a.m.-5 p.m. A booklet giving the description of 200 tape recorded cancer orientations is available upon request.

PLEASE CALL US — a new program to assist cancer patients and family members is being implemented throughout the state. The service provides home care for cancer patients. Volunteers in the program are medically screened and properly trained as PCU Volunteers before certification to become involved with cancer patients within the community. Applicants to become PCU volunteers must either be cancer patients, family members of cancer patients or have been closely associated with the care of cancer patients.

The PCU program functions through the advisement of a professionally comprised Advisory Committee whose members select, train and direct the volunteers and the services of the PCU program.

REACH TO RECOVERY — a service and rehabilitation program for the mastectomy patient, is available upon physician request in 47 counties. Volunteers, who have undergone breast surgery, must be medically screened and trained before becoming certified to visit with postoperative mastectomy patients. In Indiana in 1974, more than 1,000 breast patients were assisted in their rehabilitation by Reach to Recovery volunteers.

EQUIPMENT LOAN — items to assist with patient care in the home are loaned to families through the ACS. Such items include hospital beds, bed pans, wheel chairs, etc.

DRESSINGS — nonsterile dressings are provided for patient care in the home. Dressings are made by volunteer groups in many counties.

TRANSPORTATION — cancer patients often need transportation to and from appointments for check-ups and/or for therapy. Volunteers provide transportation free of charge.

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education
Indiana Division
American Cancer Society, Inc.

The post-T & A patient:

another type for TYLENOL® acetaminophen products



When the post-T & A patient requires an analgesic, a new problem arises. Hemorrhagic tendencies following the use of aspirin after tonsillectomies have been reported.[1,2] In a patient who "...has recently undergone a surgical procedure or has another underlying hemostatic defect, aspirin ingestion may cause significant bleeding....Aspirin is absolutely contraindicated in such situations. Acetaminophen...could replace aspirin in these instances."[3]

The post-T & A patient is only one of several 'types for TYLENOL' antipyretic-analgesic products—that is, patients who should avoid aspirin. Considering *all* of them, wouldn't it provide added safety (as well as added convenience) to recommend TYLENOL products routinely for simple analgesia?

References: 1. Reuter, S.H., and Montgomery, W.W.: Arch. Otolaryng. *80*:214-217 (Aug.) 1964. **2.** Osol, A., et al., ed.: The United States Dispensatory and Physicians' Pharmacology, ed. 26, Philadelphia, J.B. Lippincott Co., 1967, p. 171. **3.** Schwartz, A.D., and Pearson, H.A.: J. Pediat. *78*:558-560 (March) 1971.

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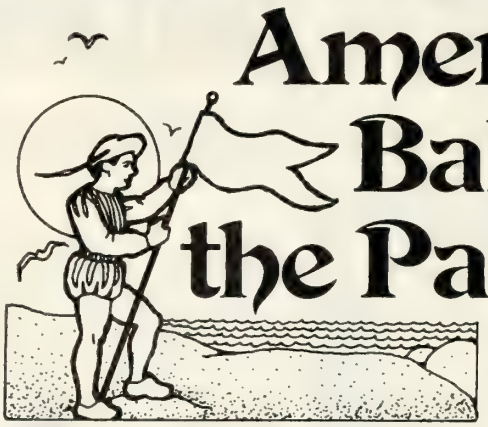
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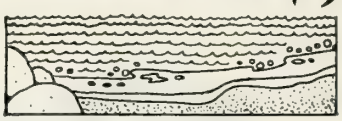
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"Relief" We Can Do Without

SENATORS Inouye and Kennedy have introduced a bill to relieve the malpractice situation. They propose to establish a national program of medical injury compensation insurance. Doctors who sign up would get protection for tort liability and patients who sign contracts with insured physicians would get no-fault protection.

The hooker is that no physician could be eligible for malpractice insurance from the government unless he agreed:

1. To let PSROs review all professional services he performs for all his patients,

2. To accept assignments for payments for services to Medicare patients, and

3. With respect to the performance of any surgical procedure specified in regulations by the Secretary of HEW, to consult with and obtain the recommendation of surgery by such appropriately qualified specialists as may be required by such regulations, prior to the performance of such procedures.

In addition to this, according to a newsstory in the *AAPS Newsletter* the Senators would like to nationalize licensure and require relicensure every six years.

Reports Unfavorable Experience with MAC-Like Program

The maximum allowable cost reimbursement for drugs, now proposed for all Medicare and Medicaid patients, amounts to the government paying for the cheapest form of drug that they can get away with.

Earl W. Brian, M.D., of California had some experience with a reimbursable cost list price program when he was secretary of health and welfare for California a few years ago. He says such a system could have a detrimental effect on the quality of health care and yield only minimal dollar savings at best.

Dr. Brian's specific observations were:

1. Gross savings were minimal; estimates prior to the program's operation exceeded actual savings threefold.

2. Administrative costs tended to be underestimated, and they alone may outweigh the minimal gross drug savings.

3. California's MAC-like drug cost program may be raising the costs of other components of the health care delivery system.

4. Direct cost control causes significant disaffection among professional health care providers, lowering the quality of services delivered.

Dr. Brian is now director of the University of Southern California Center for Health Services Research. He also comments that the proposed regulations do not include any requirements for demonstrated therapeutic equivalence.

He also predicts that the system will almost certainly decrease both the quality and efficiency of the pharmaceutical system. He could leave out the "almost certainly." The Maximum Allowable Cost reimbursement program substitutes price—and low price at that—for high quality in the manufacture of drugs.

No maker of high quality drugs can compete with a manufacturer who cuts corners and sells for less. If the government favors the cheap product it will eventually eliminate all high quality drugs from the market.

Guest Editorial

Let's Find Better Ways To Help The Unemployed

THE unemployment figures are up, and that's a problem. But exactly how much of a problem is it? And what's the best solution?

The first important point to make is that the conventional way of fight-

ing unemployment—stimulating the economy through deficit spending—can aggravate inflation.

The second thing to keep in mind is that we measure "unemployment" in ways that inflate the figures. Real "problem" unemployment occurs when the family breadwinner is out of a job and unable to find any kind of work. A person in that position needs constructive help from the community.

But in an economy as big as ours, there will always be a substantial number of people "between jobs," or out of work because of the seasonal nature of their work, or who have voluntarily chosen to withdraw from the labor market. The "unemployment" represented by these groups is obviously not a social problem. In recognition of this fact, many economists are beginning to consider five percent of the labor force a reasonable figure for what might be called the "full-employment rate of unemployment."

Even for the involuntarily unemployed, the duration of unemployment tends to be short. In 1971, for example, when the unemployment rate was 5.9 percent, nearly half the jobless had been out of work for less than five weeks.

Further, unemployment today does not mean the hardship it would have meant in the 1930's.

For all of these reasons, I think it's time to find a better way to help the unemployed than by inflating the entire national economy.

Let's have better job training. Let's have a special youth minimum wage. Let's make unemployment compensation less attractive than work. Let's get the word around about job vacancies. Let's improve worker mobility. Let's end discrimination in hiring—including restrictive union practices.

Let's do all of these things before we throw in the towel on inflation. And then let's see if we really have an unemployment problem or only a problem in the way we think about unemployment.—**Arch Booth, president, Chamber of Commerce of the United States.**

Editorial Notes . . .

The American Arbitration Association has received a grant of $60,000 from the Kaiser Foundation and the Commonwealth Fund to study medical malpractice dispute settlement systems and recommend alternative systems of better design.

If the United States government confiscated all the after-tax profits of all U.S. corporations and all the personal savings of all U.S. citizens, the total would only be enough to run HEW for 14.5 months.

National Cancer Institute researchers have isolated a virus from the laboratory-grown leukemic cells of a woman with acute myelogenous leukemia. Dr. Frank J. Rauscher, Jr., director of the national cancer program, emphasizes that the finding does not alter the basic belief that leukemias and other cancers are not contagious. Epidemiologic studies have always indicated that cancer cases occur no more frequently than would be expected by random occurrence.

The American Academy of Pediatrics warns against a candy pacifier, imported from Belgium and Spain. It has the same size and appearance as regular pacifiers. The nipple portion, however, is made of hard candy and may break loose and become a choking hazard. The packages are marked "Not For Infants," but the pediatricians discount this as a safety measure since most infants can't read.

British experience with clindamycin (Cleocin) is reassuring. No colitis has been encountered as a result of administration of clindamycin to more than 22,000 patients since 1971 at the Leeds Infirmary. Seventeen cases of colitis have been attributed by British drug regulatory officials to the use of clindamycin in the United Kingdom since 1969, during which time it is estimated that 2.7 million patients have received the drug.

The American Academy of Pediatrics has issued a warning on the use of home monitoring systems for prevention of sudden infant death. Such monitors, even though operating perfectly, warn only of apnea, which is only one cause of SIDS. The apparatus is apt to create more anxiety than it alleviates.

AMEP-O-GRAM, the newsletter of the Alcohol Medical Education Program of Evansville, has a useful reminder review of the incompatibilities of various drugs with Antabuse. Alcohol is, of course, the prime drug to avoid, even in elixirs and other medications containing it. The use of Antabuse is absolutely contraindicated with Flagyl and paraldehyde, and should be used cautiously with Dilantin, oral anticoagulants and Isoniazid. Readers are referred to the PDR for full details.

The Rush County Medical Association is providing reprint copies of "America's 'Turbulent Spirit' Dr. Benjamin Rush" for free distribution to the school children of Rush County. Both Rushville and Rush County derived their names from Dr. Rush by the action of Dr. William B. Laughlin, who was a former colleague of Dr. Rush. The story is reprinted from "American History Illustrated," the publishers of which granted special permission as an educational project.

Actor Jason Robards, who usually does not appear on TV commercials, has used his home as a setting for a TV spot urging child immunization. Mr. Robards, his daughter and five other youngsters appeared in the film which was produced by the Pharmaceutical Manufacturers Association in cooperation with the Center for Disease Control. More than 700 TV stations will re-

ceive the spot for public service use.

The Indianapolis Center for Advanced Research (ICFAR) has contracted with Mediscan, Inc. of Hartford, Connecticut, to help develop a new ultrasound diagnostic tool. A facility for manufacturing the units is planned in the Indianapolis area. The Fortune-Fry Laboratories' work in ultrasound is responsible for the interest in the local area.

The FDA, in discussing the possible side effects of Lincocin and Cleocin, charged that the drugs have been overprescribed due to promotion and advertising. Upjohn has responded that, after a review of all the advertising, no promotional statement could be found that did not conform to the information in the package inserts, which were all approved by the FDA.

A ruling by a Federal district court, reported in "The Physician's Legal Brief," set aside an HEW decision that a patient was entitled to only 21 days of hospitalization. The 82-year-old patient had a series of complications over 111 days of hospitalization. The district court ruled that the attending physician was the sole judge of necessity for hospitalization. The original HEW decision was based on a report by another physician assigned to review the hospital record. The district court noted that the last mentioned physician "never saw or treated" the patient.

The Drug Research Board recently adopted a resolution which stated several unarguable points in the form of "whereases," and then resolved that the physician should delegate to the pharmacist or retain to himself selection of the drug product to be dispensed. Not a bad resolution! However, when it was released to the press, a background statement was included. This goes into inferences and innuendoes in regard to drug substitution which are completely unsubstantiated by the text of the resolution, but which are explicitly stated as the opinion of the Drug Research Board. Several members of the Board have stated that the backgrounder does not represent true opinion. The American Pharmaceutical Association, which is campaigning in favor of repealing all antisubstitution laws and regulations, is circulating the true resolution and the felonious backgrounder to medical societies.

Harvard researchers have found that infants left in day care centers during the day show no greater anxiety when left alone by their mothers than children raised exclusively at home. No matter what the significance of "separation protest" is, the finding of no difference between these two groups of children is of value in evaluating day care centers.

The government proposal to reimburse drug costs at the lowest price at which a multiple source drug may be obtained will, if carried out, replace quality as the prime factor in drug selection and substitute therefor price. No research-oriented responsible manufacturer who refuses to lower quality will be able to survive in such a market. Since this is also the type of manufacturer who discovers new drugs, it will not be long before drug research will wither and die.

Senator Kennedy has great praise for the Office of Technology Assessment, which just finished its first task and reported that many drugs of the same chemical composition are not biologically equivalent. Despite which, the government has decreed that all drugs will, in the future, be equivalent in all respects and that they will pay for the cheapest, and no more. We have news for these refugees from knowledge—if and when generic drugs are all equivalent one to the other and to brand-name drugs—they will all cost the same. The only way you can beat the price of a good brand-name drug is to make it cheaper in quality. Such drugs don't save money; they are inordinately more expensive when the score is finally totaled.

The Drug Research Board of the National Research Council wants a law which will require a physician, when writing a prescription, to give the pharmacist the option of substituting one brand of a drug he prescribes for another brand of the same drug, or explicitly forbid such substitution. The Board says that in such cases the cost of the drug is the really important consideration and only the pharmacist can make the decision. This is research?

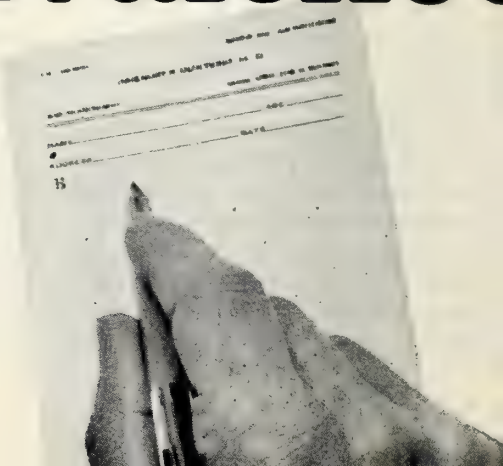
A California court has awarded $200,000 compensation to a three-year-old child whose parents were killed in a head-on collision with a drunken driver. The drunk and his wife were also killed in the crash. So, who was left to satisfy the judgment? The judgment was against the bar that served the driver his last drink. The judge warned that such a decision could apply to a private person, such as a party host, who gives drinks to a guest who is subsequently involved in a traffic accident.

CONSUMER REPORTS wants to outlaw brand names and lessen patent protection. The Pharmaceutical Manufacturers Association points out that each successful new drug is at the peak of a pyramid of about 8,000 rejected chemicals. The relatively few successful drugs not only repay their own costs but also provide the research money necessary for sifting through the thousands of chemicals that prove to be useless.

Good news for those who wonder about the hazard of X-ray inspection of airport baggage. Two such systems inspected at Indianapolis gave essentially zero radiation. Declared safe for operators and passengers. ◄



Bioequivalence



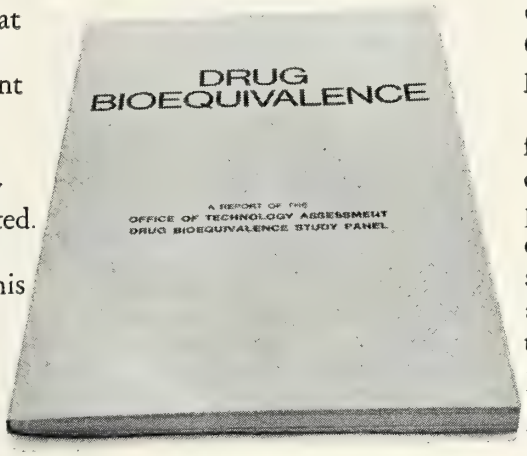
the weight of scientific opinion:

If the pharmacist substituted a chemically equivalent drug for the one you have specified for your patient—could you be certain of that product's safety and effectiveness simply because the chemical content was the same?

Definitely not, unless bioequivalence tests and other quality assurance checks had been conducted. The pharmaceutical industry and many scientists have maintained this position for years, but others have questioned it. Now the Office of Technology Assessment of the Congress of the United States has reported on the issue in its Drug Bioequivalence Study.*

Here are a few definitive statements in the O.T.A. report:

"...the problem of bioinequivalency in chemically equivalent products is a real one. Since the studies in which lack of bioequivalence was demonstrated involved marketed products that met current compendial standards, these documented instances constitute unequivocal evidence that neither the present standards for testing the finished product nor the specifications for materials, manufacturing process, and controls are adequate to ensure that ostensibly equivalent drug products are, in fact, equivalent in bioavailability.



"While these therapeutic failures resulting from problems of bioavailability were recognized and well documented, it is entirely possible that other therapeutic failures and/or instances of toxicity that had a similar basis have escaped attention."

The Pharmaceutical Manufacturers Association supports federal legislative amendments that would require manufacturers of duplicate prescription pharmaceutical products, subject to new drug procedures, to document:

(a) chemical equivalence; and

(b) biological equivalence, where bioavailability test methods have been validated as a reliable means of assuring clinical equivalence; or

(c) where such validation is not possible, therapeutic equivalence.

In addition, the PMA supports federal legislation that would require certification of all manufacturers of prescription products before they could start in business, annual inspections and certification thereafter, and strict adherence to FDA regulations on good manufacturing practices.

The overall quality of the United States drug supply is excellent. But only a total quality assurance program, envisaged in these and other policy positions adopted by the PMA Board of Directors in 1974, can bring about acceptable levels of performance by all prescription drug manufacturers and thereby assure the integrity of your prescription...

P·M·A

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

*Copies of the complete report on Drug Bioequivalence may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

protecting the integrity of your prescription

From The Journal 50 Years Ago

Tryparsamide is a drug that was compounded at the Rockefeller Institute in 1916. The work done by Jacobs and Heidelberger was originally for the treatment of the African sleeping sickness and the results obtained there have been eminently satisfactory. However, about 1918 or 1919 Brown and Pearce began experimental studies in the use of this drug in cases of syphilis. They found that it was apparently of value in syphilis involving the nervous system, and comparatively small quantities of the drug were sent to a few neuropsychiatric centers to be used in clinical experimentation. . . .

Late in 1923 a quantity of this drug was obtained at the Eastern Indiana Hospital for the Insane and a few weeks later this city was made the distributing point for the drug in this state. Owing to the danger of the drug and the still present experimental stage of its use, its distribution has been limited. . . . I was fortunate to have the opportunity of using this drug on cases of neurosyphilis at the City Hospital, and in the past eleven months have treated and observed forty-five patients. These cases have been in no sense picked cases but have been taken consecutively from the wards and dispensary. There are a few outside patients included in this group. Only cases of neurosyphilis were treated because of the advice of the Rockefeller Institute that poor results could be expected in any other type of syphilis. Complete serology and an ophthalmoscopic and visual examination by Dr. Robert Masters was done on each case before any treatment was instituted. The early reports of the work at other centers indicated that the chief danger of the drug lay in the possible damage to the optic nerve. The opinion is not universal, however, and the report of Lillie from the Mayo Clinic indicates that tryparsamide is not more harmful to the eye than any other form of arsenic used in the treatment of syphilis of the central nervous system. . . .

A few of the other cases gave a stronger reaction on the Wassermann and gold colloid after the use of tryparsamide. I feel, therefore, that tryparsamide can not be depended upon for a complete arrest, or so-called cure, of neurosyphilis and that the ideal combination must be found in using concurrently or consecutively all of the antileutic drugs.—"Tryparasamide in Neurosyphilis," by E. Rogers Smith, M.D., Indianapolis, **JISMA**, April 1925.

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The Fifth Annual Student-Faculty-Practitioner Retreat

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Indianapolis

BETTY DUKES, M.D.
Dugger

RICHARD A. LAIRD
Indianapolis

THE Fifth Annual Retreat for medical students, housestaff, faculty and practicing physicians was held March 1-3, 1974, at the Ramada Inn in Terre Haute. As with the four previous Retreats,[1-3] this meeting was sponsored by the Indiana State Medical Association and the Indiana University School of Medicine. An added feature this year was a joint evening meeting with the Terre Haute Academy of Medicine. The invitation, issued through Dr. Jesus Pangan, president of the Academy, welcomed members of the Retreat to share the comments of the Academy's featured guest, Dr. Kermit E. Krantz, M.D.,* who spoke on "Social Systems and Women."

During the general session on Saturday morning, Dr. Joe Dukes, president of the Indiana State Medical Association, welcomed the group and set the tone for the Retreat—working together to solve the problems facing medical delivery in Indiana. Dr. Steven Beering, dean of the Indiana University School of Medicine, highlighted the results of the previous four Retreats. He emphasized the importance of the recommendations generated therein, citing examples of how previous recommendations had been acted upon by appropriate organizations and, indeed, had effected significant change. Dr. Raymond Murray, chairman of the Department of Community Health Sciences, and co-chairman of this year's Retreat, presented the Theme: "Medical Practice: 1984," and elaborated on the importance of each topic to the future practice of medicine. The four major topics discussed were: (1) Controls on Medical Practice; (2) Organizational Changes in Medical Practice; (3) Financing of Health Care Delivery; and (4) Changes in Medical Education.

Prior to discussing each topic a plenary session was held in which a panel presented and discussed important issues related to the major topics. Current articles which elaborated on each issue supplemented the panel discussions. Following this, members of the Retreat were provided the opportunity to discuss each topic in depth in small groups and were encouraged to develop proposals which were integrated into a composite set of final recommendations for submission to the Indiana State Medical Association, the Indiana University School of Medicine, and other appropriate organizations which can review, comment and take action on those recommendations.

Special recognition is given to members of the Planning Committee which included: Betty Dukes, M.D., co-chairman; Raymond H. Murray, M.D., co-chairman; Patrick J. V. Corcoran, M.D.; Steven C. Beering, M.D.; Lloyd Hill, M.D.; Ross Egger, M.D.; John Farquhar, M.D.; Donald Kerr, M.D.; Bill Beeson, student; Mrs. Willis Stogsdill; James E. Carter, M.D.; Kenneth W. Bush.

*Dr. Krantz is dean for clinical affairs; professor and chairman, Department of Gynecology and Obstetrics; Professor of Anatomy, University of Kansas Medical Center, Kansas City.

Summaries of the Topic Discussions and Recommendations

I. *Controls on Medical Practice*

As federal expenditures increase in the health care field, the government will play a more significant role in decisions relative to the delivery of medical care. These decisions, developed through legislative processes and expressed in federal law, may greatly influence providers of medical care in the future.

Although most observers of the health system predict increasing federal control, the degree to which the government influences medical practice will be a function of the medical profession's involvement with control decisions. Apathy and inaction on the part of organized medicine and individual practitioners will not provide the government with adequate insight as to the feasibility of implementing workable controls. On the other hand, participation in and involvement with the development of federal legislation will allow the providers of medical care to influence control decisions and to demonstrate unequivocally their concerns about the health of the people of the country.

In an attempt to focus on significant issues of "Controls on Medical Practice," individual discussion groups focused on four major areas: (1) Licensure and Certification; (2) Professional Standards Review Organizations (PSROs); (3) Consumerism; and (4) the Development of a National Health Service.

A. Licensure and Certification

Licensure is a formal, involuntary

control to enter the practice of medicine; certification is a formal, voluntary control to demonstrate special competency to practice a medical subspecialty. The discussants agreed that licensing and certification controls were necessary to protect the general public and the practice of medicine as a profession, and to demonstrate minimum compentency at the time of examination. Licensing requirements, however, are not uniform throughout the country.

The objective of relicensure and recertification is to ensure that physicians maintain their competency in general or specialty practice. Such recurring evaluation would require continuing education on the part of physicians.

The discussants recognized the necessity of some type of control on the medical profession to enhance and sustain the quality of medical practice. Primary concerns about these controls focused on who administers them (state or federal government) and who establishes minimum requirements for practice and continuing education (government, organized medicine or medical specialty groups).

B. Consumerism

Consumerism and its role in the health care field has promoted lengthy and heated discussions which focus on the degree to which the general public can and should exert controls on the practice of medicine. Discussion centered on the reasons consumers of medical care felt the need to influence its delivery. Primary points include inadequate communications between some physicians and patients, the general public's recognition of inadequacies in the delivery of the medical care to some groups, especially medically indigent populations, the uneven distribution of medical care facilities and personnel in many parts of the country, and consumers' concerns with increasing costs of medical care.

C. Professional Standards Review Organizations

The recent signing of Public Law 92-603 initiated the development of control mechanisms on the cost and quality of medical care delivery. The organizations which will implement these controls are termed Professional Standards Review Organizations (PSROs). Initially focusing on Medicare and Medicaid recipients, the intent of PSROs is to establish regional organizations which will review the delivery of medical care to individual patients. Conceptually similar to utilization review, PSROs require the transmission and storage of medically confidential information to regionally centralized computer facilities. Evaluations of utilization, quality, and cost will be based on acceptable standards developed by regional and/or state PSROs.

Primary concerns of the discussants focused on the potential loss of confidentiality, the high cost of developing and implementing PSROs, the development of unrealistic standards for medical care, and the impersonalization of the review process.

D. The Development of a National Health Service

A National Health Service was not discussed at length primarily due to difficulties of relating our present health delivery system to foreign systems predicated on National Health Services. However, it was clearly indicated during the discussions that if medicine does not make adequate and successful efforts to change in the future, a National Health Service in this country may be inevitable.

The types and degree of change are difficult to specify. However, medicine must become better informed and aware of the problems facing the delivery of medical care, e.g., increasing costs, inaccessible services, maldistribution of medical personnel and facilities, and take positive steps toward their solution.

II. *Organizational Changes in Medical Practice*

The practice of medicine can be organized in various traditional and innovative ways, including the broad categories of solo and group practice, prepaid group practice, Health Maintenance Organizations, Medical Care Foundations, and hospital based physician groups. During the plenary session, discussants were presented with a broad perspective of each organizational form. The advantages and disadvantages of each form were discussed relative to their implications on the physician's personal time, income, referral patterns, relationships with patients, and by degree of influence outside factors may have on the individual practice of medicine. It is unreasonable to expect that every physician can find professional and personal satisfaction with a particular form of practice. The organizational form chosen by individual physicians, therefore, will be of personal preference.

Various panel members discussed the organizational trends of the practice of medicine. It was indicated that the number of solo practitioners is decreasing, while group practice is on the increase. Hospital based physicians, whether salaried or fee-for-service, are increasing in number as hospitals provide more intensive care and other special services to their patients. Health Maintenance Organizations were described in terms of their primary objectives (e.g., decreasing the utilization of inpatient facilities and providing comprehensive health services to an identifiable population on a prepaid basis) and disadvantages (the potential for the quality of care to suffer through under-utilization of services).

Foundations for Medical Care are presented as an alternative to Health Maintenance Organizations. The two categories of foundations for medical care include the Claims Review Model, in which physicians review claims processed by fiscal intermediates which fall outside established norms, and the Comprehensive Model which is similar to an HMO but in which physicians are paid on a fee-for-service basis. The health care team was discussed as an emerging medical organization to provide comprehensive medical

care to patients. The health care team may be composed of one or more primary care physicians, nurse practitioners, physician's assistants, nurse aides, public health nurses, and perhaps social workers—or any combination of the above personnel.

Of primary concern to the group was the potential for the federal government to mandate the organizational form in which physicians will practice medicine in the future. Recognizing that cost containment may be realized through the practice of medicine in Health Maintenance Organizations, and that all physicians may not readily adapt their practice to that advocated by Health Maintenance Organizations, the discussants expressed concern about recent legislation which lays the foundation for the development and establishment of so-called HMOs. It was also recognized as important that the differences among communities may affect the various types of practice which can be established within that community.

III. *Financing of Health Care Delivery*

The development and implementation of National Health Insurance Legislation will have the most significant influence on the financing of medical care since the passage of Medicare and Medicaid in 1965. Presently there are over a dozen national health insurance proposals before the current federal legislature. At one end of the spectrum is the proposal which covers all United States residents, is compulsory and provides comprehensive benefits for all services including physician and hospital ambulatory care, inpatient care, home care, and support services such as social work. The most conservative national health insurance proposal provides for coverage of catastrophic medical costs.

Three specific national insurance proposals were described during the plenary session; The Nixon Plan (CHIP—Comprehensive Health Insurance Program); Medicredit, sponsored by the American Medical Association; and, the Kennedy Plan. Each plan addresses the problem of financial impediments to accessibility for medical care. However, none of the plans focuses on the organization of health care nor do they specify quality standards for the delivery of medical care (although the Kennedy Plan does address these issues to some extent).

Discussion of national health insurance proposals revealed specific reasons why these proposals are gaining popularity in this country: steady increases in the cost of health care have placed quality care out of reach for millions of Americans; a dual standard, it is argued, exists for the delivery of health care, because large segments of the population do not have financial access to medical care; and, medical care is fragmented and discontinuous in many sectors of the country.

IV. *Changes in Medical Education*

The plenary session presented an historical perspective of medical education. During the earlier periods of medical education, the primary method of teaching focused on the preceptor. With the publication of the Flexner Report in 1910, medical educators recognized the importance of university training and the value of utilizing the hospital as a source of patients, equipment, and technology to demonstrate the fundamentals of medicine to students. As the federal government and philanthropic foundations became more involved with medicine, medical research and development were funded. Medical education was greatly influenced by the availability of these funds. Presently, medical educators recognize that students should not only be prepared in the basic sciences and the clinical setting, but also develop a full understanding of the alternative systems available to deliver medical care to the community as a whole. Thus, we are presently in the era of the community relative to the development of medical education.

The trends in medical education indicate that medical student enrollment may not increase further in the future and that only a limited number of new medical schools will be constructed. However, many significant innovations in medical education are being experimented with at the present time, including: accelerated programs, early contact with patients, teaching machines, combining college and medical school into a single program, providing ambulatory care experience to medical students, and a shortened curriculum.

Significant deficiencies exist in the structure of the medical education curriculum. These deficiencies include: a sharp division between the years medical students are taught the basic sciences and those providing clinical experience; the lack of communication between basic science and clinical curriculum; and the inflexibility of the existing medical system.

Participants of the Retreat divided their small group discussions into four distinct areas. They were: pre-medical or pre-graduate education; basic sciences and the clinical years; graduate education; and continuing education. Of primary concern was the inability of the pre-medical or pre-graduate student to determine whether or not he will be admitted to a medical school. It was thought that the pre-graduate student should be prepared to examine alternatives to medical school should she/he not be accepted. Such preparation would require pre-graduates to broaden the scope of undergraduate course work which would not only meet the requirements of the medical schools, but also prepare him/her for an alternative career. This more general approach of preparation for medical training requires that counselors of students considering medical school be informed of alternate professions within and outside the field of medicine.

Conflicts exist within medical education programs between the basic science years and the clinical years resulting in inadequate coordination of basic sciences with

clinical experience. To alleviate this problem Duke University provides basic sciences in the first and third years and incorporates clinical work during the second and fourth year of the student's medical education. Implementation of the Duke modular method would require that national board exams, as presently given, be discouraged, and examinations such as the FLEX be given at the end of the fourth year.

Discussion on the topics of graduate and continuing education focused on improved counseling for electives to prepare students for their internships and/or residencies and the identification of specific education topics for individual physicians through the process of the recertification examination.

V. *Summary and Recommendations*

Following the plenary sessions and small group discussions for each major topic, brief summaries of discussion points were developed along with a series of recommendations which will be submitted to appropriate organizations.

A. Controls on Medical Practice

The general consensus of participants of the Retreat was that licensure should be administered by states, but definite efforts should be expended to develop national uniformity of licensure requirements. Required relicensure is not recommended. Participants agreed that certification should be administered by the appropriate specialty or subspecialty organization and that recertification is a legitimate means of identifying educational deficiencies and the process by which continuing education for individual physicians can be required.

Participants recognized the necessity for improved communications between the physician and consumer of medical care to enhance mutual understanding of health needs and patient concerns and feelings. Improved communications should be initiated by the physician on a personal basis with the patient and through mass media.

Specific support was voiced for active physician participation in the development of Professional Standards Review Organizations (PSROs) and with other aspects of the health delivery system. Such participation will provide direct influence on the types of controls being proposed by the federal government and can enhance the development of health care.

B. Organizational Changes in Medical Practice

The general recommendations which stemmed from this topic focused on the importance of making information available to medical students about the various organizational forms of health delivery. The Indiana University School of Medicine has received the following recommendations:

1. Sufficient time should be allotted within the curriculum of the School of Medicine to inform individual students about various forms of practice organization which will be available to them upon termination of their formal medical education. Such preparation should include information sources about organizational forms, the pros and cons about various forms of practice, and considerations which should be made by physicians prior to entering practice.
2. Medical students should continue to be provided the opportunity to visit with and/or work with physicians in various types of practice organizations which are available within the State of Indiana.

C. Financing of Health Care Delivery

The participants recognized that inadequacies exist within our present health delivery system. These include inadequate distribution of health manpower and facilities, inflationary costs, and the financial inaccessibility of health services to portions of the population. National Health Insurance addresses only one portion of the problem: that of providing financial assistance to the poor and medically indigent.

The general consensus about National Health Insurance was that it is needed, but on a limited scope. The participants considered an acceptable National Health Insurance proposal would cover catastrophic medical costs and be implemented gradually into the existing health care system.

D. Changes in Medical Education

The discussions on trends in Medical Education provided significant insight for participants of the Retreat, particularly the students, and promoted numerous suggestions and recommendations for the Indiana University School of Medicine. It was suggested that the medical education program be viewed as a continuum with the basic sciences and clinical years closely integrated, and the end product being the primary focal point. Additionally, component parts of the present curriculum should be subdivided into smaller time requirements to enhance the flexibility of changing or altering portions of the course work and training.

Specific recommendations directed at the Indiana University School of Medicine and the Indiana State Medical Association included:

1. Medical students should be better counseled regarding course electives to prepare them for their internships and/or residencies.
2. The recertification examination should be used as a tool for continuing education by identifying specific topics for individual physicians to study.

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About Our Cover

Our cover illustration, which has been kindly supplied by the firm of Americana Prints, commemorates the 200th anniversary of Paul Revere's "midnight ride" on April 18-19, 1775. His mission was to warn Concord that the British were coming to sieze the colonists' arms and ammunition, which were stored there. Beneath the picture, is a part of Longfellow's poem on the subject, in his own writing.

While the poem as a whole is both vivid and accurate, the lines shown here need amending. Certainly, the good silversmith's ride was of the greatest service to the Colonial cause; but he never reached Concord.

Paul Revere left Charleston, bound for Concord, between 10 and 11 p.m., after observing the signal of two lanterns ("two, if by sea") in the belfry arch of the North Church tower in Boston. At the same time, another rider, Ebenezer Dorr, also set out for Concord, but from Boston, passed over the Neck and through Roxbury. His mission was the same as Revere's—to rouse the countryside and warn Concord. Both men made their first stop at the house of the Rev. Jonas Clark in Lexington, which they reached at almost the same time, at about midnight; and both left at about 12:30 a.m. to continue their warning ride to Concord. A short distance from town, they were joined by Dr. Samuel Prescott, who had been visiting at Lexington and was hurrying home to Concord with news of the British advance. When near Lincoln, and still about three miles from Concord, the trio was surprised by a British reconnoitering party. Revere and Door were captured, but Dr. Prescott escaped and gave the alarm at Lincoln, and then Concord.

It was now 1:30 a.m. Throughout the rest of the night and until about 9:00 a.m. armed groups of Americans continued to assemble in and around Concord. Finally, the moment of truth arrived. At some time between 9:30 and 10:00 a.m., ". . . by the rude bridge that arched the flood . . . the embattled farmers stood and fired the shot heard round the world." The American Revolution had begun.

Anyone wishing a copy of "The Midnight Ride of Paul Revere," as it appears on the cover (but without the script), may write to Americana Prints, Box 92, Newburgh, Indiana 47630, requesting the print, and enclosing three dollars, which includes postage and handling. Delivery will be made within two weeks.

Tel-Med Financial Assistance Sought

TEL-MED, the successful telephone health information service of the Indiana State Medical Association, is having financial difficulties and may result in abandonment of the program, according to Dr. William Sholty, chairman of the ISMA Board of Trustees' Committee seeking ways to continue the activity.

The Committee is making an appeal to physician-members for financial source suggestions to aid in keeping the program alive and requests that any suggestions be sent to the office of ISMA, in care of Dr. Sholty.

Begun in March 1973 in Marion and surrounding counties as a pilot project to study its acceptance by Hoosiers, the program was so successful that it was expanded to include the entire state through the financial support of Eli Lilly and Company and Regional Medical Programs.

With current budget considerations, the program will discontinue May 1 unless sources of funds can be obtained.

To emphasize the extent of success of Tel-Med, from March 1973, to March 1975, a total of 250,264 tapes have been heard by residents from every county in Indiana; and in February 1975 the total tapes listened to each day averaged 780, a daily figure which has increased monthly.

Many have stated that Tel-Med is the best public relations program ever undertaken by the ISMA. It has been highly praised by firms, organizations and individuals from every corner of Indiana.

Hundreds of letters have been received praising and promoting the program. Excerpts from some of the letters follow:

Elkhart Community Schools—"I presented the tape guide pamphlet to the Superintendent's Health Advisory Council. Their recommendation was to distribute the tape guides to parents at our kindergarten preschool enrollment next month Will you please mail me 5,000 of the tape guides."

From the Sheriff of Lake County—"As members of the Lake County Police Department, Multi-narcotic Unit Division, we believe the program offered to the public and residents of Indiana is an excellent one."

Southeastern Indiana Vocational School—"We would like to distribute these pamphlets to our Adult Basic Education students in the counties of Ripley, Ohio, Dearborn, Jefferson and Switzerland."

Planned Parenthood of Delaware County—"Our agency is interested in distributing Tel-Med pamphlets in our office."

Cooperative Extension Service, Logansport . . . "Cass County Extension Homemaker Club members would like to have a quantity of the Tel-Med folder to place in homes." ◄

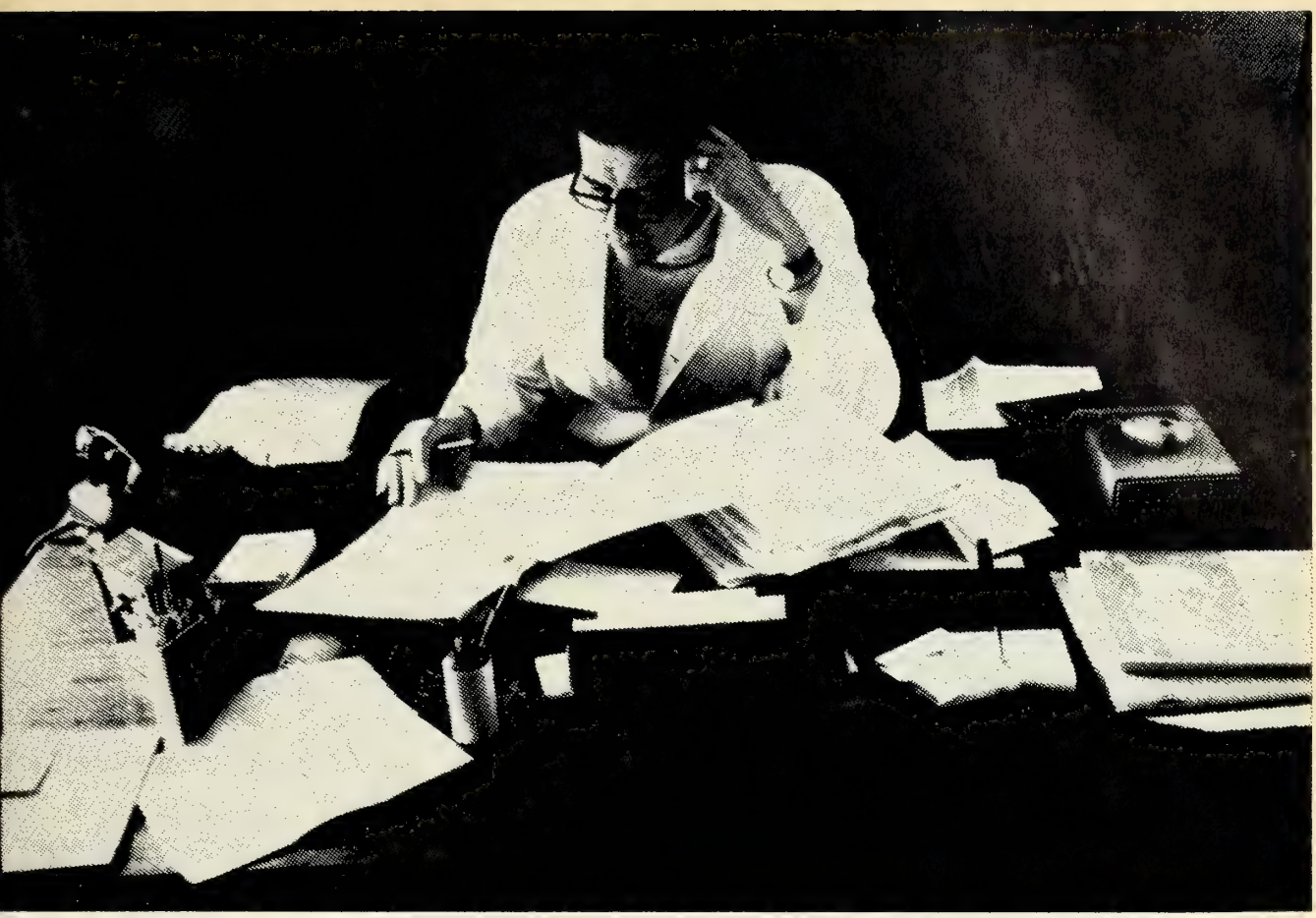


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The Woman's Auxiliary Reports to ISMA

Dear Doctor:

It seems these days the key word is **Involvement.** On thinking about an auxiliary member's involvement I wondered if our husbands knew just how involved their wives were?

Do you know that we have had



Newsprint and radio coverage on Immunization Action Month (in some counties auxiliary members took surveys at schools and day care centers to get up-to-date figures for this project)?

Women working with the elderly at nursing homes — teaching crafts and physical activity?

A day at the Legislature and lunch with own legislator?

Presentation of programs at schools pertaining to health education?

Programs to educate doctors' wives and others on federal health issues?

Members gathering medicines and supplies for medical missions?

Members involved at the county level in political process through candidate support?

County auxiliaries doing a survey of community health resources to identify what is available and what is needed?

Fund raising for American Medical Association Education Research Foundation?

Members helping with hearing and vision screening?

Members helping at the blood bank?

Members working with other groups — senior citizen groups, law wives, dentist wives, PTA, etc. — to solve community problems?

Members working in diabetic detection, and in cancer and blood pressure clinics?

Members making a survey of health services in the community by visiting facilities — followed by volunteer service?

The above are just a few of the projects our membership is involved in. May I again ask you to urge your wife to join us in all these worthwhile projects. We think it is great to do things TOGETHER with our loved one — YOU.

This is my final report to you. I have enjoyed this year of representing the auxiliary. Mrs. Edsel Reed of Jeffersonville will take my place on this page with the next issue.

Warmly,

Beth Bowen

Mrs. Otis R. Bowen, President

Statement by Malcolm C. Todd, M.D., President of the American Medical Association

WE are here today (Feb. 20, 1975) to announce the filing of a lawsuit against the new hospital "utilization review" regulations being imposed against the American people by the U.S. Department of Health, Education, and Welfare.

At the moment these regulations apply only to Medicare and Medicaid patients. But HEW and many hospitals expect to apply them to all patients. Therefore, we have been joined in our suit by two patients who receive benefits under Medicare, two patients who receive benefits under Medicaid and two patients who are covered by no government program. And we have been joined by each of their doctors.

This is the first time we of the American Medical Association have taken legal action against HEW. It may not be the last. We serve notice now that we will oppose every attempt by the government to interfere between a patient and his or her physician.

These regulations do precisely that, for they require that every Medicare and Medicaid patient admitted to a hospital must be reviewed within 24 hours by a "utilization review" committee to determine if the admission was medically necessary.

The committee may have members who are not physicians. It may act through designated agents who are not physicians. This means that decisions on whether Medicare or Medicaid patients are to receive hospital care will be made not by their own physicians—who know them and their history—but by physicians who have never seen them before—or even by non-physicians who have absolutely no competence and no right to make such decisions.

This is the issue we are putting before the courts and before the American people. Is the decision that you need hospital care to be made by your doctor—who knows you—or by a physician who does not know you—or, worse yet, by a non-physician?

The issue is that simple. And by our lawsuit we have made it clear where we of the AMA stand. As we stated last year when HEW attempted to impose preadmission certification regulations, we believe all such regulations to be wrong legally, wrong medically and wrong morally. And we will resist every attempt made to impose them on our patients.

These regulations are wrong legally because they violate the constitutional rights of both patients and doctors . . . sections of the Medicare and Medicaid laws . . . exceed the authority granted by the Social Security Act to the Secretary of HEW . . . and were adopted in violation of the Administrative Procedure Act and the Constitution of the United States.

The Supreme Court has consistently ruled that any governmental interference with medical decisions made by a patient and his doctor violate the right of privacy and personal autonomy and the right to life guaranteed by the constitution. And Section 1801 of Title XVIII of the Social Security Act states that "nothing in this title shall be construed to authorize any Federal officer or employee to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided. . . ."

We are convinced that the Secretary of HEW is doing precisely that by imposing these regulations and we believe that the courts will sustain us in that belief.

We do not need a court to prove that these regulations are wrong medically. Having medical decisions made by a non-physician or by a physician not chosen by the patient is bad medical care by definition. The art of medicine lies in applying general clinical knowledge to the individual patient, based on the physician's knowledge of the patient's physiological, chemical and psychological qualities.

What physician—or non-physician—looking at a series of patients for the first time—is going to be able to make such judgments on the basis of the best interests of the patient? There is no way it is going to happen for there is no way it *can* happen. It is bad medical care.

Finally, these regulations are wrong morally because they are a "cop-out" by the government on its commitment to provide medical care to the poor and the elderly of this country.

The sole objective of these regulations is cost cutting. The only way to cut costs in those programs is to deny care to patients.

And who will pay for the day spent in a hospital by a patient later denied admission? The patient? The doctor? The hospital?

Hospitals—in self-defense—will have to set up pre-admission review committees—so that each patient is reviewed and a decision made—generally by a non-physician—before admission to the hospital. This, of course, is what HEW has wanted all along.

The truth is that even the objective sought by HEW—cost cutting—will not be achieved by these regulations. Rather than saving money,

they will increase the cost of care while reducing the quality. For how many patients must be denied care each day to make up such costs? Every minute of time spent by the review committee and its agents every day in every hospital in the country has to be paid for by the government. That is money being spent not to take care of people but to deny people care.

We believe that any regulations that exalt financial considerations above the interests of patients are morally wrong. We believe that any regulations that place medical decisions in hands of non-physicians are medically wrong. We believe that any regulations that violate basic constitutional rights are legally wrong. We do not believe they are acceptable to the American people. They certainly are not acceptable to us. We intend to fight them.

Our suit will be filed this morning in federal district court for Northern Illinois. We are seeking an immediate restraining order against imposition of the regulations and ultimately a permanent injunction. We have retained the law firm of Sidley and Austin to represent us in this matter. ◄

INDIANA STATE BOARD OF HEALTH

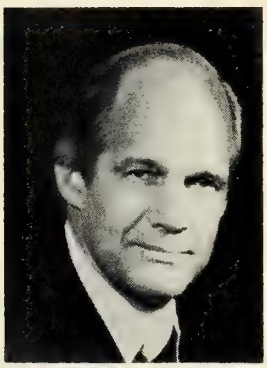
MONTHLY REPORT — February 1975

Disease	Feb. 1975	Jan. 1975	Dec. 1974	Feb. 1974	Feb. 1973
Animal Bites	414	576	460	625	374
Chickenpox	500	944	341	796	1015
Conjunctivitis	221	170	150	243	209
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	83	155	103	145	39
Gonorrhea	1294	1253	1037	892	882
Impetigo	105	115	86	156	116
Infectious Hepatitis	44	20	20	58	47
Infectious Mononucleosis	96	89	105	125	96
Influenza	17729	28700	4319	29634	18533
Measles					
Rubeola	33	47	12	26	66
Rubella	60	30	14	163	109
Meningococcic Meningitis	1	0	2	0	4
Meningitis, Other	2	3	6	0	0
Mumps	265	329	226	229	217
Pertussis (Whooping Cough)	1	1	1	3	7
Pneumonia	881	841	338	770	1145
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	1888	1902	1133	2065	1657
Syphilis					
Primary and Secondary	10	17	15	12	21
All Other Syphilis	96	79	107	124	86
Tinea Capitis	8	8	11	14	8
Tuberculosis (Active)	66	47	58	60	74

President's Page

Sports Medicine

Since the 1920s when physical education was first offered as a compulsory subject in public education, sports have played an increasingly important role in the Indiana school system. Along with it, the medical care of athletes has continued to progress. However, as more youngsters engage in recreation, accidental injury in sports has become a major cause of morbidity and mortality. Recent statistics suggest that this year 50% of the 1.2 million youths playing high school football will be injured.



Ideally, a physician versed in traumatology would be available to oversee competitive events. However, in view of the fact that 70% of injuries in high school football occur during practice sessions, a practical solution would be to have a faculty member trained in the fundamentals of sports medicine at each local school.

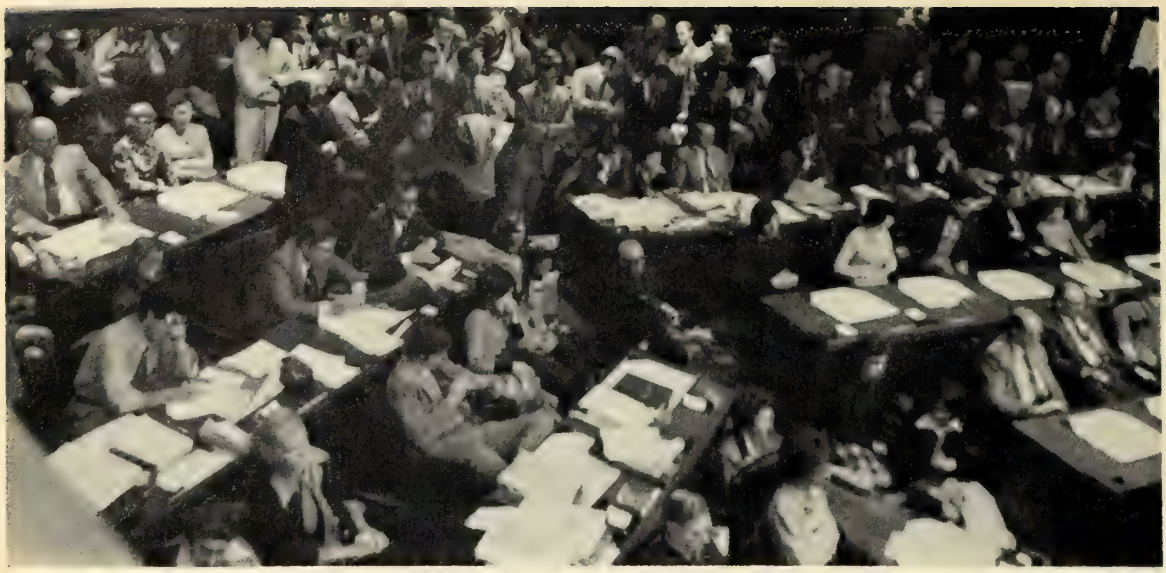
Although Indiana is one of only nine states which require that all coaches be qualified in first aid and injury prevention, a member of the athletic staff competent in emergency treatment is a much needed addition.

A proposal now being considered by the Committee on the Medical Aspect of Sports of the Indiana State Medical Association presents a solution to this need. This proposal provides for a State Sports Medicine Advisory Commission to direct a program including an intense summer training in sports medicine for faculty members of Indiana's 500-plus high schools. The program would be conducted at the state universities for a total of nine weeks with graded levels of proficiency. To be qualified, the teacher-athletic trainer would be certified by the National Athletic Trainers Association and be registered by the Sports Medicine Program. The prime objective would be prevention, although he-she would be available for any emergency—athletic or otherwise—within the school, be skilled to provide initial care of the injury and refer to the physician.

I believe that it is vitally important for such a program to be implemented in Indiana. It becomes even more essential in the face of legislation recently introduced by Rep. Ronald V. Dellums (D-Calif.) requiring all federally funded schools to hire a qualified trainer for interscholastic athletics.

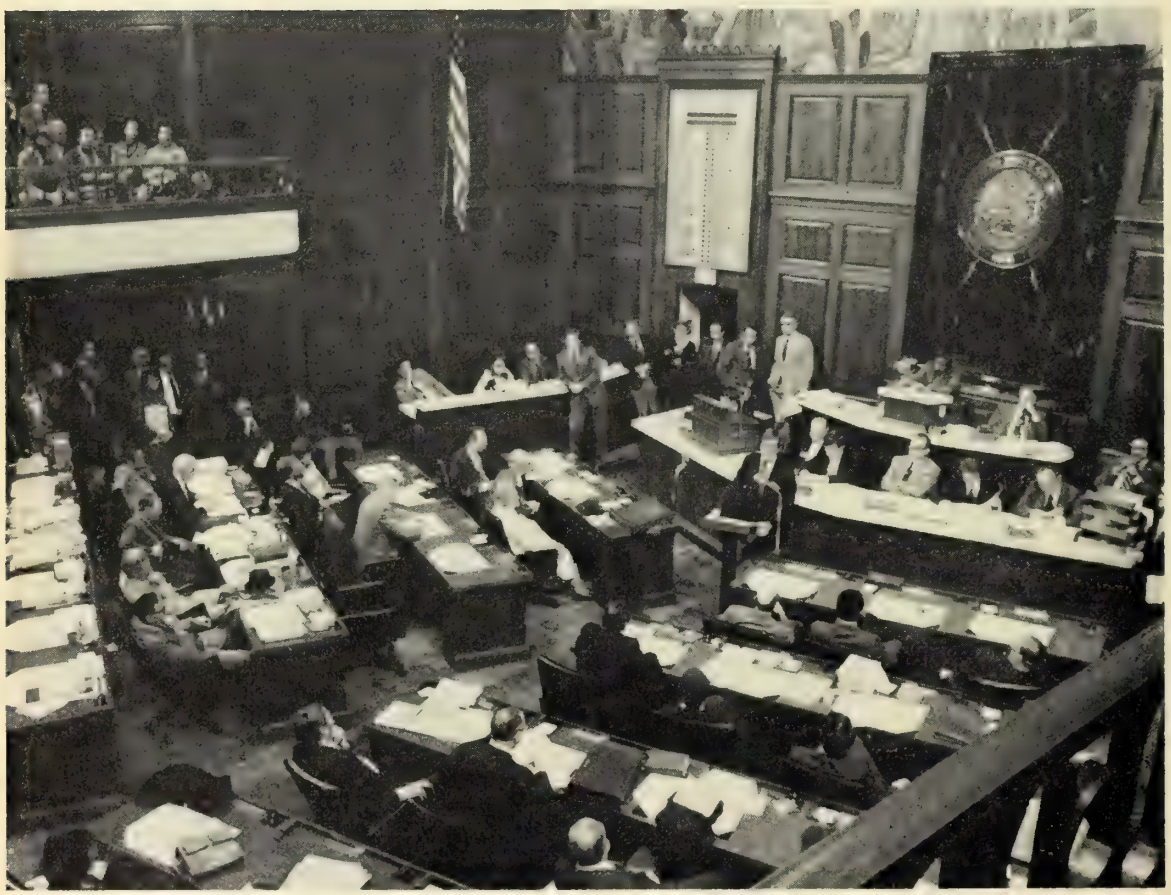
Cooperation between local school and medical personnel in the area of sports medicine is vital for the well-being of Indiana's high school athletics; qualified faculty-trainers can help to provide this necessary link.

Gilbert M. Wilhelmus, M. D.
President
Indiana State Medical Association



At the Patients' Compensation Act Hearing

THE LABOR COMMITTEE of the Indiana House of Representatives, to which committee H.B.1460 was assigned, held an open hearing on the bill and found itself deluged with concerned citizens. In addition to the crowd inside, the hallways were jammed with interested spectators who came from all over the state.

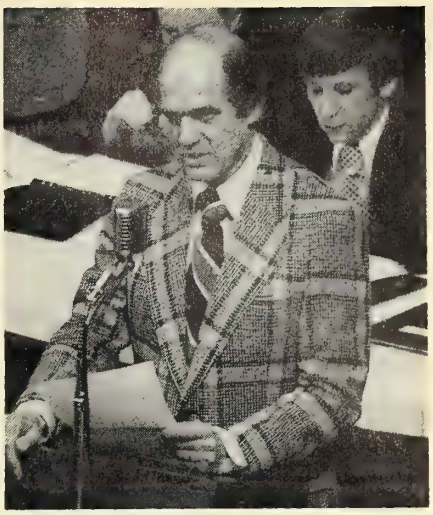




PAUL F. MULLER, M.D., Indianapolis, co-chairman of ISMA committee directing H.B. 1460 through the General Assembly.



J. WILLIAM WRIGHT, Jr., M.D., Indianapolis, treasurer, Indiana Medical Federation.

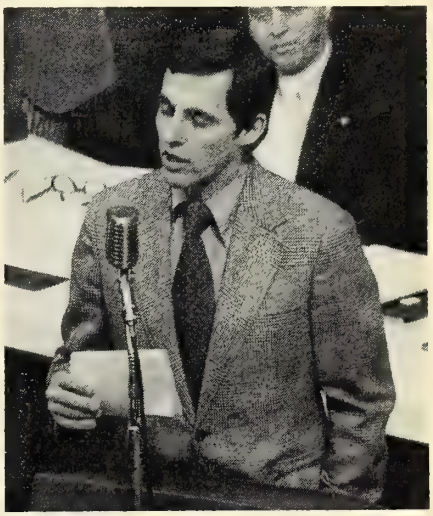


GILBERT M. WILHELMUS, M.D., Evansville, president, Indiana State Medical Association.

PICTURED ON THIS PAGE are some of those who spoke on behalf of H.B.1460 at the hearing.



SISTER CARLOS, administrator of St. Vincent Hospital, Indianapolis.



WILLIAM R. CAST, M.D., Fort Wayne, co-chairman, lobby committee.



ELTON TeKOLSTE, Indianapolis, president, Indiana Hospital Association.



STEVEN C. BEERING, M.D., Indianapolis, dean, Indiana University School of Medicine.



KENNETH M. LEHMAN, M.D., Topeka, family practitioner.



TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

Aside from the procedural and mathematical problems which have arisen under the Pension Reform Act of 1974, no part of the Act has caused (or will cause) more concern than the rules which are applicable to fiduciaries of employee benefit plans. If you are such a fiduciary, then you must conform to various standards which are imposed by federal and state laws, and if you do not, then you may invoke severe adverse consequences, such as personal liability for losses which result from your actions, plus fines and imprisonment. Thus, for openers, you should know the meaning of the term *fiduciary*.

A fiduciary is any person who:

1. Has or exercises any discretionary authority or control regarding the management or administration of the plan or over the assets thereof; or
2. Has or renders investment advice for compensation regarding the assets of the plan.

As you can see, the definition of a fiduciary is quite broad. Notice that it includes:

1. Persons who have the authority to do certain things; and,
2. Persons who, in fact, do the things, whether or not they have been granted the specific authority to do the things.

So, in general, the term includes persons who have the authority to do or who do, in fact, certain actions—regardless of their titles. The term also includes each of the "named fiduciaries," i.e., the persons who are designated in the employee benefit plan as the persons who have the responsibility to administer the plan. Also, the term includes persons to whom discretionary duties have been delegated by the "named fiduciaries." Further, the term probably includes all (or most) of the members of the various committees which are involved with the administration of employee benefit plans.

However, the term does not include an individual who manages his own individual retirement account, because of his control of his account. Nor does the term *fiduciary* include consultants and advisers (other than investment advisers) to the fiduciaries. Nevertheless, there are obviously situations in which such consultants and advisers may be considered to be fiduciaries because of their special expertise. That is, such persons may, in effect, be exercising discretionary authority or control with respect to the management or administration of the plan or of the assets.

Now, consider your own capacity in relation to your employee benefit plan or trust.

1. Are you a trustee of an employee benefit plan? Then you are a fiduciary.
2. Are you an employer who has established an employee benefit plan? If so, then I would think that your power to amend the plan and thereby affect management and investment policy and, indeed, the power to remove trustees—would be more than adequate to make you a fiduciary.
3. Are you a lawyer who drafted the plan and trust instruments? Then that fact alone should not do you in.
4. Are you the accountant or actuary who has significant discretionary, administrative responsibilities? If so, I'm afraid that you're cooked.
5. Are you the insurance representative who sells the initial life insurance, and continues to guide and advise in the area of investments and actuarial computations? Knowing full well how thoroughly, and constantly, many of them service their clients, I would think that their chances of avoiding the fiduciary arena are slim.

Once you have determined whether you are fiduciaries, then the next question is: what does this mean? The answer to this question is that fiduciaries must follow certain very strict rules (some new and some old); and, if they do not, harsh consequences will result. I shall next comment on the fiduciary rules.

In general, most of the fiduciary responsibilities and prohibitions, which are presented in these new federal laws, are already contained in the trust laws of the various states. Therefore, while the federal law will obviously usurp any state law on these points, the courts which have the responsibility to interpret these new laws will undoubtedly look to state laws and court decisions in order to help them interpret and apply the new federal laws. Also, every fiduciary (and consultants to them, e.g., lawyers and accountants) will have to pay a little more attention to the federal SEC rules, which have become entrenched in the area of security investment and management.

Under one analysis, the new law contains two specific and one general directive as to fiduciary duties. The two specific ones are as follows.

1. First, a fiduciary must discharge his duties solely in the interest of the participants and beneficiaries of the plan; and
2. Second, a fiduciary must discharge his duties for the exclusive purpose of providing benefits to participants and to their beneficiaries, and for defraying the reasonable expenses of administering the plan.

As to the general standard of conduct to which the fiduciary must

adhere, it is best known as the prudent man rule. This rule states that a fiduciary must act with the care, skill, prudence, and diligence, under the circumstances then prevailing, which a prudent man, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of like character and with like aims. And, according to the Committee Reports, ". . . it is expected that the courts will interpret this prudent man rule (and the other fiduciary standards) bearing in mind the special nature and purpose of employee benefit plans."

The Committee Reports go on to provide some of the guidelines which a fiduciary should follow. For example:

1. The cost of plan assets must not exceed the fair market value at the time of the purchase;
2. There must be a fair rate of return which is commensurate with the prevailing rate;
3. There must be sufficient liquidity maintained in order to permit distributions from the plan, and
4. The safeguards and diversity which a prudent investor would adhere to must be present.

To this list I might quickly add some statements from the Restatement of the Law of Trusts which are based upon various state court decisions which have helped to develop the "prudent man rule."

1. A fiduciary should make an investigation as to the safety of the investment and the probable income which is to be derived therefrom. Ordinarily, this involves securing information from sources on which prudent men in the community customarily rely. He may take into consideration advice given to him by attorneys, bankers, brokers, and others whom prudent men in the community regard as qualified to give advice. However, he is ordinarily not justified in relying solely on such advice but, instead, he must exercise his own judgment.
2. A fiduciary is liable for a loss which results from his failure to use the skill of a man of ordinary intelligence, even though he may have exercised all the skill of which he was capable.
3. Ordinarily, a fiduciary should not invest only in the very safest and most conservative securities available.

The final point which I wish to make in this article is that a fiduciary must discharge his duty in accordance with the instruments which govern the plan, insofar as such instruments are consistent with law. I'll continue with this topic next month. ◄

SCIENTIFIC EXHIBIT APPLICATION FORM

Committee on Scientific Exhibits
Indiana State Medical Association
3935 N. Meridian Street
Indianapolis 46208

Please send me an application form for a Scientific Exhibit at the ISMA Annual Convention, October 20-22, French Lick.

I propose to exhibit _____

Name _____

Address _____

City _____

State _____ (Zip) _____



ABSTRACTS, BOOK REVIEWS

SEX EDUCATION FOR THE DEVELOPMENTALLY DISABLED

Fischer, Krajicek and Borthick, from the University of Colorado Medical Center, University Park Press, Baltimore, 1974; 60 pages giving (1) Introduction, (2) Section A (structured client interview and picture series), (3) Section B (Parent Involvement), (4) Section C (Teacher-Professional Workshop), and closing with a bibliography; $4.75.

The authors are a Ph.D., an R.N. and an M.A. A genuine effort was made to really get all the way down to the level of intelligence (or rather lack of it) of the low I.Q. patients being taught the rudimentary facts of sex life.

The pictures are more than specific. The "Interview Hints" will be of value to the involved parents, teachers and professionals. I failed to perceive anything that could interest the average M.D. It is a very specialized text for a most narrowly limited area, as described in the title. The paper, binding and printing are excellent. In these days of mounting inflation, the price seemed entirely within line.

ARNOLD LIEBERMAN, M.D.
New York City

PHARMACY PRACTICE: SOCIAL AND BEHAVIORAL ASPECTS

Edited by Albert Wertheimer, Ph.D., and Mickey C. Smith, Ph.D., University Park Press, Baltimore, 1974; 12 chapters in 555 pages; well illustrated, with appropriate diagrams and tables; $15.75.

Actually, this monograph presents the history of how it became necessary for an aspiring pharmacist-to-be to take a five year course rather than—as in Auld Lang Syne days—to start in as an apprentice to a pharmacist and learn by experience the compounding of prescriptions and making up the proper inventory to keep on hand.

This is precisely analogous to the present day M.D.s taking very competitive courses for years and years and then going on to being interns and residents before becoming academicians or even just plain M.D.s.

The curious M.D. could peruse this to pinpoint the analogies. The paper, binding and printing are up to the usual impeccable standards.

ARNOLD LIEBERMAN, M.D.
New York City

LANGUAGE PERSPECTIVES—ACQUISITION, RETARDATION AND INTERVENTION

Edited by R. L. Dchiefelbusch, Ph.D., and Lyle L. Lloyd, Ph.D., University Park Press, Baltimore, 1974; 670 pages in seven sections and an epilogue; some tables, graphs and an extensive bibliography; $14.50.

A whole covert (or, shall I say a covey?) of experts in this quite narrowly technical and specialized field of child care and training have gone into extensive description of their labors. The titles of each section really tell their scope. "Infant Reception Research," "Development of Concepts Underlying Language," "Development of Receptive Language," "Developmental Relationship," "Non-Speech Communication," "Early Language Intervention," "Language Intervention for the Mentally Retarded," and—then—an extensive "Epilogue" really giving a summary of the plot.

For a mere M.D. who claims to be an internist, it would be a bit of arrogance to enter a critique of an area of Medicine totally outside the scope of his knowledge. It does seem interesting and a scanning of the Epilogue, especially, did give me an inkling of what it was all about.

This is a monograph by specialists for the other specialists in this area. The paper, binding, printing and layout are up to the publisher's usual high standards.

ARNOLD LIEBERMAN, M.D.
New York City

ANTICANCER AGENTS RECENTLY DEVELOPED IN THE PEOPLE'S REPUBLIC OF CHINA—A REVIEW

C. P. Li, U.S. Government Printing Office, Washington, D.C., 1974; 255 pages, $2.00.

This book was published in 1974 by a distinguished American Chinese scholar, Dr. C. P. Li. The publication was sponsored by the Fogarty International Center, which has conducted a series of studies of research and health activities in other countries. Dr. Li was a distinguished professor at several well known medical schools in China and served as Chief of the Virology Section at the National Institutes of Health until his retirement.

The book gives a thorough review of more than 200 scientific papers on anticancer agents developed and studied by at least 24 cancer units during the first 15 to 20 years of the People's Republic of China (PRC). Since most of the reviewed papers were published in Chinese, Dr. Li was in a unique and commanding position for the translation and interpretation desired by his American colleagues. Dr. Li is currently President of the American Center for Chinese Medicine which performs a major function in the exchange of medical information between the PRC and the U.S.A. through translations, publications and mutual visitation of experts, with the hope that coordinated research on major medical problems, such as anticancer agents reviewed in this book, can be arranged between our two great countries.

The book has six chapters. The first two chapters deal with N-formyl-sarcolysin. Pharmacology, experimental studies and clinical trials of this compound are adequately presented and illustrative cases are given. The third chapter deals with other alkylating agents and the fourth chapter describes actinomycin K which was isolated in 1957 as Kengshengmycin in China. The fifth chapter describes antimony complexones and the sixth chapter presents comparative studies of the new agents. Many tables and illustrations are presented throughout the text. The last portion, the appendix, gives a very comprehensive and up-to-date listing of all important medical journals, editors and authors, and Chinese medical organizations in China. This portion is indeed a very useful reference for all of us.

The presentations and illustrations are clear and concise and the paper and printing are of good quality. The only shortcoming would be lack of continued information or final conclusion in some of the studies. This appears to be related to possible publication gaps. Generally, the book is well written and will be highly useful to many of different professions.

W. P. LOH, M.D.
Gary

FINANCIAL MANAGEMENT OF THE CLINICAL LABORATORY

Edited by James L. Bennington, M.D., with the aid of some half-dozen collaborators, University Park Press, Baltimore, 1974; 12 chapters and an index; 168 pages; $14.50.

The average M.D.—unless he also runs his own clinical laboratory—will find this a bit of terra incognita. The hospital administrator as well as the director of the laboratory itself, on the other hand, will find this volume *MUST* reading. This unassuming volume tells the reader *which* corners to cut and, also, just *WHERE*.

The medical technologist is given crisp, precise directives on what can be done. The hospital director and the laboratory head are familiarized with updated concepts and techniques of financial management; they are told just how to intermesh with maximum efficiency at the lowest financial outlay possible. Cost-volume relationships, economic evaluation of equipment purchases, budgeting (be it capital, responsibility or flexible) are carefully explained and then coordinated into the picture as a whole.

The 168-page book cost $14.50, which seems a mite high even in these days of inflation. However, the binding, paper and printing are first class and I saw no typographical errors.

ARNOLD LIEBERMAN, M.D.
New York City

NURSING HOME ADMINISTRATION

Edited by S. M. Schneeweiss, Ed.D., and Stanley Davis, Ph.D., professor of hotel administration, Cornell University, University Park Press, Baltimore, 1974; 278 pages; $14.50.

Conspicuously displayed on the flamboyantly red jacket is a design of two concentric rings. The inner one is labeled, "Administration"; the outer one, repeatedly labeled "Patients." Between the two rings are sandwiched the words, Nursing, Activities, Physiotherapy, Clerical, Physicians' Services, Dietary, Laundry, Business, etc., etc. In other words, before we ever turn the first page, we are presented with a graph vividly depicting what it all is about! In these days of truly scandalous and criminal mismanagement of so many Nursing Homes, it is refreshing to delve into what a Nursing Home *should* (and could) do!

The language is clear, simple and concise. All nine areas required for licensure are explained in language at the high school level. I liked, particularly, the chapter on "Legal Aspects of Nursing Home Administration." If only there were less corruption and more just plain, straightforward honesty! How much better would be the situation of our poor, neglected geriatric victims sliding into helpless dotage and senility! But: let us not grow maudlin and start mulling over thanatology!

The paper, binding and printing are excellent. I saw no typographical errors and the price is within reason!

ARNOLD LIEBERMAN, M.D.
New York City

THREE CENTURIES OF MICROBIOLOGY

Edited by H. A. Lechevalier and Morris Solotorovsky, Dover Publications, Inc., New York, 1974; in 12 chapters with some tables and excellent bibliography; soft cover; $5.00; 536 pages.

This modestly accoutered and moderately priced volume really does give just what it promises: a history of the development of microbiology from the work of Leeuwenhoek right down to the 1960s. First published in 1965, this represents the paperback updating of the joint effort.

The chapter headings really give the gist of the tale: 1) From Fracastoro to Pasteur, 2) Pasteur, 3) Koch, 4) Bacteria as agents of disease, 5) Immunology: Cellular, 6) Immunology: Humoral, 7) From soil microbiology to comparative biochemistry, 8) Viruses and Rickettsiae, 9) Mycology, 10) Protozoology, 11) Chemotherapy, 12) Genetics. All this followed by a summarizing epilogue, general references and an excellent index.

This volume certainly provides an excellent elementary textbook well worth the attention of the teacher recommending a sound basic volume with which to initiate one's studies of the stated topic. It is detailed enough to give tidbits of information even to the M.D. or biologist fancying himself reasonably expert in the field.

The paper and printing are surprisingly good; so is the binding. I shall put it by my bedside for occasional reading before going to sleep. Certainly, hospital and medical school libraries should have it on their shelves. The beginning student will not find elsewhere a clearer or simpler exposition of the stated topic.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts from Various Literature, Prepared by AMA

PHYSIOLOGIC AND PSYCHOLOGIC EFFECTS OF METHADONE IN MAN

E. R. Gritz, et al. (VA Hosp. Brentwood, Los Angeles 90073)

Arch. Gen. Psychiatry 32:237-242 (Feb.) 1975.

Methadone hydrochloride-maintenance outpatients were com-

Continued

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ARNOLD H. KAMBLY, M.D.
Psychiatrist-Director

pared to abstinent exaddicts on physiologic and psychologic measures, and to normal subjects on physiologic measures. The battery of psychologic tests measure cognitive abilities and mental state. Methadone depressed respiration rate below that of other groups; abstinent subjects had higher heart rates than methadone or control subjects. No other physiologic differences appeared. Electroencephalographic spectral analysis disclosed that the location of the alpha peak was at the lowest frequency in the methadone group, next lowest being the abstinent group. Discriminant functions based on a weighted combination of variables (frequencies) successfully distinguished the EEGs of the three groups. Both discriminant analysis and multiple regression analysis indicated that EEG changes were dose-dependent. Methadone subjects performed considerably poorer on several tests of learning and immediate recall compared to abstinent subjects.

INFLUENCE OF PASSIVE SMOKING AND PARENTAL PHLEGM ON PNEUMONIA AND BRONCHITIS IN EARLY CHILDHOOD

J. R. T. Colley et al. (London School of Hygiene and Tropical Medicine, London)

Lancet 2:1031-1034 (Nov. 2) 1974.

The incidence of pneumonia and bronchitis was studied in 2,205 infants during the first five years of life. In the same period, their parents' smoking habits and respiratory symptoms were recorded annually. The incidence of pneumonia and bronchitis in the first year of life was associated with parents' smoking habits; incidence was lowest where both parents were nonsmokers, highest where both smoked, and lay between these two levels where only one parent smoked. Over the age of 1 year, the association was not consistent. When parents' respiratory symptoms were also studied, a close association was found with the incidence of pneumonia and bronchitis in the child; this was independent of parents' smoking habits and was an almost consistent finding throughout the first five years of life. In the first year of life, exposure to cigarette smoke generated when parents smoked doubled the risk for the infant of an attack of pneumonia or bronchitis.

BLADDER CANCER: SMOKING, BEVERAGES, AND ARTIFICIAL SWEETENERS

R. W. Morgan and M. G. Jain (Univ. of Toronto, Faculty of Medicine, Toronto)

Can. Med. Assoc. J. 111:1067-1070 (Nov. 16) 1974.

A matched case-control study of bladder cancer examined the relationship of the disease to occupation, smoking, and intake of tea, coffee, cola, alcohol, and artificial sweeteners. There was no association of disease with occupation for these patients. Heavy smoking gave relative risks of 6.37 and 4.36 for men and women, respectively. There was evidence of a dose-response relationship. Tea and coffee intake did not increase the risk of disease; neither did prolonged use of artificial sweeteners. Alcohol and cola intake increased the relative risk of bladder cancer among male smokers. There is some suggestion that smoking interacts with both alcohol and cola intake in the production of bladder cancer.

REDUCTION OF SUDDEN DEATHS AFTER MYOCARDIAL INFARCTION BY TREATMENT WITH ALPRENOLOL

C. Wilhelmsson et al. (J. A. Vedin, Sahlgren's Hosp., Göteborg, Sweden)

Lancet 2:1157-1160 (Nov. 16) 1974.

The effect of 400 mg alprenolol daily on survival after myocardial infarction was compared to that of placebo in 230 patients discharged alive from hospital. The patients were allocated to four separate, previously validated risk strata and within each stratum randomly assigned to treatment with alprenolol or placebo. The study was double-blind, and the follow-up time was two years. Other treatment was given according to standardized criteria. Sixteen patients did not complete the trial, due to suspected side-effects; eight of these were treated with placebo. After two years, 11 patients in the placebo group and three in the actively treated group had died suddenly. ◄

Further development of a federation that is "structurally resilient, financially independent, scientifically respected, and supported by a participating membership," is the basic priority of the AMA for 1975. A statement of current AMA priorities, submitted by the Board of Trustees, was adopted by the House of Delegates in December. The priorities will be one element in the 1975 planning cycle of the AMA's long range planning program. To accomplish priorities, the statement called for closer ties with medical societies; greater involvement by individual members at all levels of the federation; and a "financially self-reliant central organization."

The Comprehensive Health Care Insurance Act of 1975, AMA's new national health insurance bill, was approved by the Board of Trustees for introduction in Congress. The bill, which includes principles endorsed by the House of Delegates, would assure availability of full health care coverage to all. Features of the new bill include mandated employer coverage, income tax credits for the self-employed and non-employed who buy health insurance, subsidies for supplemental Medicare coverage for the non-employed elderly, and through an amendment to the unemployment compensation program, continuation of an employee's health insurance when he is terminated.

FUTURE MEETINGS, SEMINARS, COURSES

American College of Surgeons Plans PG Course on Fractures, Other Trauma

American College of Surgeons announces the 19th Postgraduate Course on Fractures and other Trauma, to be held May 7 to 10, at the Sheraton-Chicago Hotel, 505 N. Michigan Ave. The $150 registration fee is to be sent to the College at 55 E. Erie St., Chicago 60611. For interns, residents, and allied health personnel the fee is $45.00. Included in the fee are three luncheons and a Chairman's reception to which wives are also invited.

"Arthritis in Industry" Seminar

The Spring Meeting of the Central States Society of Industrial Medicine and Surgery will be held at the Continental Plaza Hotel, Chicago, on May 23 and 24.

The Friday morning session will be a joint session with the Arthritis Foundation on Arthritis in Industry.

To obtain conference details and hotel reservations, write the Society at 150 N. Wacker Drive, Chicago 60606.

UK Announces Courses at Lexington

The University of Kentucky has announced the following courses, all to be held at Lexington:

June 1-5: Surgery Review - fee $175

June 26: Hypertension 1975 - fee $20

June 27-28: Evaluation and Management of Cardiopulmonary Emergencies - fee $75

Further information may be obtained by writing Frank R. Lemon, M.D., UK Medical Center Continuing Education Division, Lexington 40506.

Surgical Problems Course Scheduled At Northwestern-McGaw Medical Center

"Management of Common Surgical Problems" is the subject for the 5th Annual Postgraduate Course at Northwestern University Medical School, Chicago. The dates are June 12 and 13. The full registration fee is $100. Cost to surgical residents is $50 when letter from Chief of Service accompanies fee. Write Department of Postgraduate Education, Northwestern University-McGaw Medical Center, 303 E. Chicago Ave., Chicago 60611.

Dates Set for Mushroom Conference

The Aspen Mushroom Conference for physicians and amateur mycologists interested in the toxic and hallucinogenic properties of mushrooms will be held from Aug. 11 to 15 at the Hotel Jerome, Aspen, Colorado. Write the Conference at 3300 S. Wabash Court, Denver 80231.

Allergists to Meet at Palm Springs

The annual meeting of the American Association for Clinical Immunology and Allergy will be held at the Riviera Hotel, Palm Springs, Calif., October 15 to 19. Inquiries may be directed to Howard Silber, P.O. Box 912, DTS, Omaha, Neb. 68101.

College of Psychosomatic Medicine Announces 3d International Congress

The 3rd Congress of the International College of Psychosomatic Medicine will be held in Rome from September 13 to 29. After September 20 post-Congress activities will include a trip to Sicily, where the Universities of Palermo and Catania are collaborating in the program. Write The Institute for Continuing Education, Suite 208, 2405 Westwood Ave., Richmond, Va. 23230 for further details.

Purdue University Sponsoring Conference on Defibrillation

The Biomedical Engineering Center of Purdue University will hold a conference in Lafayette from Oct. 1 to 3, 1975, covering the practical and clinical aspects of cardiac defibrillation. The speakers have been selected based upon their positions as leaders in their respective fields. The topics to be discussed include clinical, basic science, and engineering aspects of electrical defibrillation as it pertains to the needs of physicians, nurses, emergency medical personnel, hospital engineers, equipment manufacturers and research scientists. The state-of-the art of defibrillation techniques will be presented and examined critically and a major goal of this three-day conference will be to integrate all available technology for optimization of ventricular defibrillation. The registration fee of $95 includes proceedings and two luncheons.

For further information,

Write: Division of Conferences and Continuation Services, Stewart Center, Purdue University, West Lafayette, Ind. 47907

Phone: Area Code (317) 749-2533

Set 27th Annual Scientific Program On Clinical and Experimental Hypnosis

The 27th Annual Scientific Program and Workshops of the Society for Clinical and Experimental Hypnosis will be held at the Center for Continuing Education of the University of Chicago Oct. 7 to 12. Write to Mrs. Marion Kenn, 205 West End Ave., Apt. 1F, New York City 10023.

Colloquium for Physicians, Lawyers, Dentists, Others, at Toledo May 1-3

A Colloquium entitled Impact of Federal Regulation on the Health Delivery System will be presented at the University of Toledo Law Center on May 1, 2, and 3. Sponsors of the Colloquium project include the University of Toledo Law Review, The Toledo Bar Association, The Student Bar Association, The Medical College of Ohio, The Academy of Medicine of Toledo and Lucas County, and the University of Toledo Division of Adult and Continuing Education.

Nationally prominent authorities will participate in the Colloquium, which will explore the effects of federal regulation upon physicians, attorneys, dentists, hospital personnel, third party carriers and paraprofessionals.

Continuing Medical Education

Physician Winners

The following Indiana physicians have received the AMA Physician's Recognition Award within the past few months:

Drs. Eldon E. Baker, Delphi; Henry Fisher, Marion; John A. Forchetti, Chesterton; Robert J. Frost, Michigan City; Thomas W. Hass, West Lafayette; Benjamin E. Imperial, St. John; Richard B. Juergens, Fort Wayne; Filemon P. Lopez, Dyer; Leland J. Mortenson, Fort Wayne; Marvin E. Priddy, Fort Wayne; Harry G. Rotman, Jasonville; Merrill M. Wesemann, Franklin.

Also Drs. Donald F. Buehner, Evansville; Charles R. Ellis, Bloomington; Lauro M. Gaurano, Indianapolis; Joseph W. Wright, Indianapolis; Daniel H. Cannon, New Albany; C. R. Chambers, Union City; Jack P. Clark, Syracuse; William G. Clevinger, Kokomo; David R. Clutter, Indianapolis; Irving Cohen, Plainfield; Bernard J. Dolezal, South Bend.

Other receiving the award are:

Drs. Elmer J. Eisenbarth, Indianapolis; Dean A. Grove, Indianapolis; James W. Harper, East Chicago; Oscar Kourany, Mooresville; James D. Kubley, Plymouth; Paul A. C. Macri, Mishawaka; Earl J. Mason, Gary; Leo J. McCarthy, Indianapolis; James C. Miller, Greensburg; Linus J. Minick, Churubusco; Robert E. Moses, Worthington; Walter D. Pepple, Auburn; John R. Showalter, Terre Haute; Paul Siebenmorgen, Terre Haute; Elliott A. Yolles, Indianapolis.

Also Drs. William F. Bastnagel, Indianapolis; Edgar R. Cantwell, Vincennes; Amy A. Cheung, Indianapolis; Henry W. Conrad, Lawrenceburg; Matthew Cornacchione, Indianapolis; Edward B. Fitzgerald, Indianapolis; Daniel A. Gard, Indianapolis; Philip S. Gibbs, Indianapolis; James R. Greenlee, Bloomington; Harry T. Hensley, Oaklandon; Alfonso D. Holliday, Gary.

The most recent group to achieve the award includes:

Drs. William R. Kendall, Carmel; John A. Knote, Lafayette; Donaldo E. Lacera, Hammond; William G. Moore, La Porte; Daniel T. Ramker, Hammond; James P. Sidell, New Haven; Pravit Sinchai, Gary; Ricardo M. Tuason, Muncie; Robert W. Turgi, Gary.

Institutions Accredited

These institutions have received ISMA accreditation for Continuining Medical Education:

St. Joseph's Hospital, South Bend
Memorial Hospital, South Bend
Deaconess Hospital, Inc., Evansville
St. Joseph's Memorial Hospital, Kokomo
Reid Memorial Hospital, Richmond
LaPorte Hospital, LaPorte
Huntington Memorial Hospital, Huntington
St. Mary Medical Center, Gary
Lafayette Medical Education Foundation, Lafayette
Methodist Hospital, Indianapolis

Continuing Medical Education activities sponsored by these institutions receive Category 1 credit for the AMA Physician's Recognition Award in Continuing Medical Education.

Indiana Society of Anesthesiologists
Indiana Orthopedic Society
Wright Institute of Otology
Indiana Academy of Ophthalmology and Otolaryngology
Second District Medical Society
Indiana Psychiatric Society

Postgraduate Courses

Methodist Hospital, Indianapolis, Graduate Medical Center

DATE		COURSE TITLE	LOCATION	GUEST SPEAKER
Apr.	23-24	Major Dilemmas in Neonatal Pediatrics, Symposium III	Airport Hilton	Drs. Klaus, Bresnan, Constad
May	8-9	Batman Lecture Series	MHGMC	Dr. Mason Hohl
June	4	J. O. Ritchey Day	MHGMC	
June	11	Colonoscopy Workshop	MHGMC	Dr. Bergein Overholt
Sept.	tba	Cancer Symposium for the Primary Care Physician	tba	Dr. William Dugan
Nov.	1-2	Cardiology Program	MHGMC	Dr. Morton Tavel

Sports Meeting Set for May 14

The Biennial Sports Meeting at South Bend has been set for Wed., May 14, at the Monogram Room, Notre Dame Convocation Center, with registration at 12:00 and the program from 1:00 to 9:00 p.m. A buffet supper will be served.

There will be a workshop on taping, knee examination and ankle injuries. "Physiology of sports" will be covered in the first hour; in the second, "emergency examination and care"; in the third hour the topic will be "females in sports."

After supper there will be workshops on specific injuries and the session will be concluded with a panel discussion, questions and answers.

For further information, contact Leslie M. Bodnar, M.D., chairman, 328 North Michigan Ave., South Bend 46601.

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 14-19, 1975
Place Atlantic City, N.J.

INDIANA CHAPTER, AMERICAN COLLEGE OF SURGEONS
Date Apr. 30-May 3, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS, INC., STATE OF INDIANA
Date Apr. 25-27, 1975
Place Marriott Inn, Clarksville

AMERICAN LUNG ASSOCIATION OF INDIANA
Date Apr. 28-30, 1975
Place Marriott Inn, Indianapolis

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date Apr. 22-24, 1975
Place Stouffer's Indianapolis Inn

INDIANA CHAPTER, ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS
Date Apr. 6, 1975
Place Holiday Inn West, West Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE NURSES ASSOCIATION
Date Oct. 16-18, 1975
Place Atkinson Hotel, Indianapolis

INDIANA ACADEMY OF FAMILY PHYSICIANS
Date May 17-18
Place Stouffer's Indianapolis Inn

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date Oct. 20-22, 1975
Place French Lick Sheraton

INDIANA DENTAL ASSOCIATION
Date May 10-13, 1975
Place Indiana Convention-Exposition Center, Indianapolis

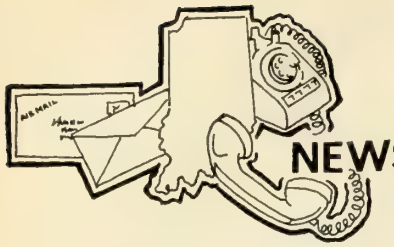
INDIANA ORTHOPAEDIC SOCIETY
Date Apr. 11-12, 1975
Place Michigan City

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, INC.
Date Apr. 30-May 2, 1975
Place The Greenbrier, White Sulphur Springs, W. Va.

INDIANA HEALTH CAREERS, INC.
Date Apr. 10, 1975
Place Stouffers Indianapolis Inn

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER
Date Apr. 30-May 3
Place White Sulphur Springs, W.Va.

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NEWS NOTES

Roerig Launches Education Program To Combat Pinworms, Roundworms

The Roerig Division of Pfizer Pharmaceuticals is sponsoring a mass education program to combat pinworms and roundworms which could affect as many as one tenth of the population. A sound-slide kit may be borrowed, without charge, by physicians, medical students and nursing students. Health educators may also borrow the slides for showing to schools, parents' groups and other civic organizations. To borrow a sound-slide set and obtain quantities of booklets on treating pinworms and roundworms, contact the local Roerig medical service representative or write Roerig, Pfizer, Inc., 235 E. 42nd St., New York City 10017.

Dr. Fisch Installed as ACC President

Dr. Charles Fisch, Indianapolis, assumed the Presidency of the American College of Cardiology at the conclusion of the College's 27th Annual Scientific Session recently in Houston.

Offer Blood Pressure Information Kits

The National High Blood Pressure Education Program is offering education kits. The month of May is designated as National High Blood Pressure Month. The "Kit for Public Education" fits into a comprehensive public education program and contains mass media and community outreach materials which can be revised to add local information. "Kit for Members of Organizations" is useful for internal communications and for educating members of chapters and clubs. There is also a "Kit for Professional and Patient Education" which is useful in planning activities for High Blood Pressure Month. Mailers and postcards will be sent by mail. Any organization which is not on the regular mailing list should write the High Blood Pressure Information Center, 120/80 National Institutes of Health, Bethesda, Md. 20014, with a request for the material.

Health Department Appointments Made

Dr. George S. Row, Osgood, was reappointed to a four-year term as Ripley County Health Officer. **Dr. William J. Warn,** Milan, is a board member.

Physicians serving on the Carroll County Board of Health are: **Dr. Charles L. Wise, Camden,** chairman; **Dr. T. Neal Petry, Delphi,** secretary, and **Dr. Marilyn Wagoner, Burlington.**

Dr. Owen H. Lucas, Jr., Valparaiso, was appointed to the Porter County Board of Health to fill out the term of **Dr. William C. Robertson,** who resigned.

Dr. Charles L. Wise of Camden was reelected chairman of the Carroll County Board of Health. **Dr. T. Neal Petry, Delphi,** is secretary by virtue of his position as health officer, and **Dr. Marilyn Wagoner, Burlington,** is also a member of the board.

Hospital Medical Staff Elections Held

New officers have been named by the medical staffs of the following hospitals:

Huntington Memorial Hospital—Dr. Paul E. Doermann, president; Dr. Richard G. Blair, vice-president; Dr. P. C. Mathew, secretary-treasurer.

St. Anthony Medical Center, Crown Point—Dr. William N. Horst, president; Dr. Mary D. Carroll, president-elect; Dr. Arthur Beckman, secretary; Dr. Robert Milos, treasurer; Dr. Henry Lebioda and Dr. Paul Alvarez, staff representatives on the executive committee. Drs. William Misch, Ernest Mirich, Gilbert Given, Dr. Milos and Dr. John T. King will serve as chairmen of the departments of family practice, medicine, pediatrics, surgery, and obstetrics and gynecology.

Wabash County Hospital—Dr. Frederick Poehler, chief of staff; Dr. John Dragoo, vice-chief of staff; Dr. Philip Ferguson, secretary-treasurer.

University Heights Hospital, Indianapolis—Dr. William H. Fulton, president; Dr. Alfredo Gonzales, vice-president, and Dr. Bruce Bender, secretary-treasurer.

Community Hospital, Anderson—Dr. Donald P. Bixler, president; Dr. Frank C. Donaldson, chief of staff; Dr. Charles E. Austin, vice-president; Dr. John Jones, secretary-treasurer.

Gibson General Hospital, Princeton—Dr. Don Pruitt has been named chief of staff, replacing Dr. B. C. Brink.

Scott County Memorial Hospital—Dr. Manuel T. Dancel, president; Dr. William M. Scott, president-elect; Dr. Eusebio C. Kho, secretary-treasurer. Serving as chiefs of the various departments and services are: Dr. Amado Trinidad, anesthesia; Dr. Edgar K. DeJean, dentistry; Dr. Ignacio B. Castro, Jr., emergency services; Dr. Merritt Alcorn, laboratory; Dr. Marvin McClain, medicine; Dr. Jesus C. Bacala, obstetrics; Dr. William M. Scott, pediatrics; Dr. Edward M. Haick, radiology; Dr. Eusebio C. Kho, surgery.

Burroughs Wellcome to Sponsor MEDIX

The Burroughs Wellcome Company is sponsoring the nationally televised program MEDIX, a weekly 30-minute series on medicine and health. MEDIX is produced in cooperation with the Los Angeles County Medical Association and the program content is authenticated by a committee of Los Angeles physicians. The program has received many awards in the past, including "Emmy" awards in 1972 and 1973.

Conference Proceedings Available

The Proceedings of the National Conference on the Aging Driver, cosponsored last May in Washington, D.C., by the American Medical Association and the American Association of Motor Vehicle Administrators, is now available for distribution.

This 100-page manual contains, in addition to the papers presented at the Conference, a discussion of seven major and some 30 supporting Recommendations made by the Conference.

Copies of the Proceedings may be obtained at a cost of $3.00 per copy from Health and Safety Associates. P.O. Box 222, Morton Grove, Ill. 60053. Prices on quantity orders will be supplied on request.

Patient Education by Closed Circuit TV

Indiana University School of Medicine Television Network (WAT-21) originated a new educational program for hospital patients recently. In February programs dealing with health topics were televised twice daily to TV receivers in patients' rooms in five Indiana hospitals: St. Vincent in Indianapolis, St. Francis in Beech Grove, Good Samaritan in Vincennes, St. Mary Medical Center in Gary and St. Joseph's Hospital in South Bend. The experiment was made in cooperation with Wells National Services Corporation, a subsidiary of American Hospital Supply Corporation. Effectiveness of the effort was measured by patient interviews by an independent marketing firm. Test results will be available later.

Group to Help Victims of Criminals

Among founding members of the Indiana Council for Effective Law Enforcement is **Dr. John Rubush, Indianapolis.** The organization is based on the premise that government's first responsibility is to protect its law-abiding citizens from those outside the law and intends to speak for the victims of crime and against criminal permissiveness, according to a spokesman.

Directs Family Practice Program

Dr. Fred Blix, Ladoga, assumed the position of director of the Family Practice Program in St. Vincent Hospital, Indianapolis, January 1, succeeding **Dr. A. Alan Fischer.**

Named to Alumni Board

Dr. Jack E. Slichenmyer, Indianapolis, has been named to the new Alumni Board of Councilors at the School of Medicine, Northwestern University, Evanston, Ill. It will help the medical school establish policies and goals.

Dr. Bizal Honored by Rose-Hulman

Dr. John A. Bizal, Evansville, was one of six alumni honored recently by Rose-Hulman Institute of Technology, Terre Haute, at a special 100th anniversary convocation. He was presented with the institute's newest medal, the Distinguished Achievement Award. The six were cited as having distinguished themselves in endeavors not normally associated with engineering.

AAFP Honors Dr. Jack H. Hall

Dr. Jack Hall, Indianapolis internist, has been awarded the American Academy of Family Practice Certificate of Meritorious Service, the Academy's highest non-member award. Director of medical education at Methodist Hospital, Dr. Hall received his award at the AAFP Annual Scientific Session recently.

Dr. Hall has been active in the development and furtherance of family practice education and was instrumental in starting a general practice internship and residency program at Methodist Hospital in the early 1960s.

Doctors Participants in Marathons

Dr. H. C. Ufkes, North Judson, participated in a marathon at Las Vegas recently in which the course was from Las Vegas to the Hoover Dam. His time was 3:55:08. He credits **Dr. Howard Henry, Knox** with getting him involved in jogging

Dr. Henry has been running 12 years and recently competed in a marathon in Hawaii, finishing in three and a half hours. Both men's time was good enough to qualify them as competitors in the Boston Marathon in April.

Dr. Dukes Heads Fund Raisers

A community effort to raise funds to rebuild the New Hope Workshop and Pre-School at Sullivan, which was recently destroyed by fire, will be headed up by **Dr. Betty Dukes, Dugger.** At the time her appointment was announced, Dr. Dukes was in Mary Sherman Hospital recovering from a broken leg. She is presently head of the Sullivan County Association for Retarded Citizens.

Dr. Kamen Teaching Nursing Course

Emphysema, bronchitis and asthma were the subjects of a recent 4-session course at Indiana University Northwest for public health nurses and licensed practical nurses of which **Dr. Jack M. Kamen, Gary,** was one of the teachers.

Addresses Bloomfield Rotary Club

Dr. M. S. Mount, Bloomfield, was one of the speakers at a recent meeting of the Bloomfield Rotary Club and received a citation for distinguished service to the club.

Dr. McCalla on Farm Managers Program

Dr. Charles X. McCalla III, Paoli, was the featured entertainer at the banquet which closed the first day of the annual meeting of members of the Indiana Society of Farm Managers and Rural Appraisers at Purdue University recently.

Dedicates Book to Patients

Dr. Leo K. Cooper, Gary orthopedic surgeon, has dedicated his recently published book titled *Ankle Fractures* to "the patients I have treated and whose injuries have made this book possible." Charles C Thomas, Springfield, Ill., is the publisher.

Dr. Gutwein Elected to Academy

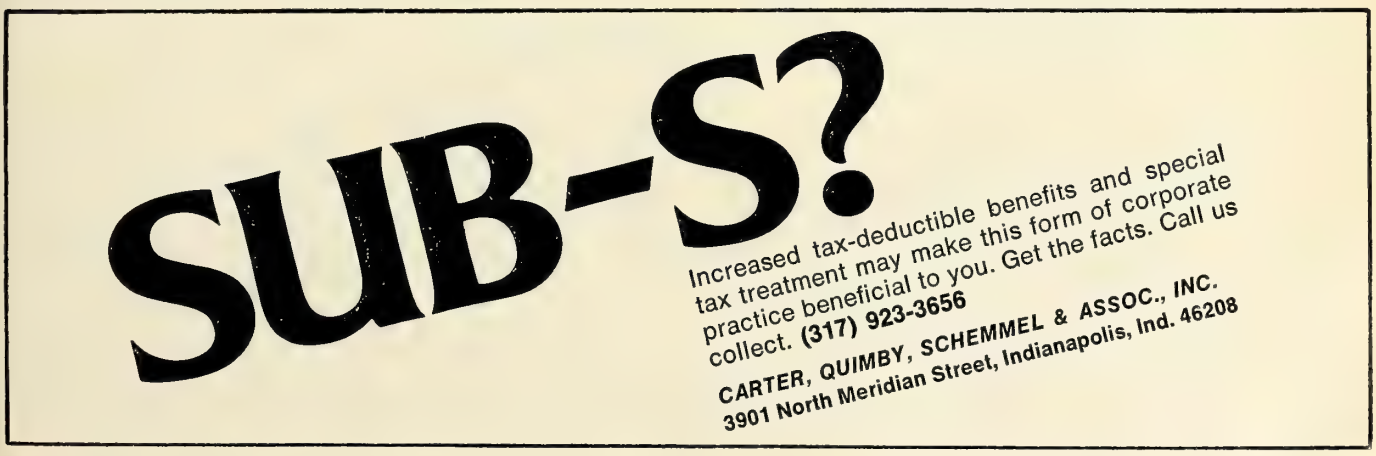
Dr. Gilbert Gutwein, Lafayette, was inducted recently into Fellowship in the American Academy of Orthopedic Surgeons.

Attendance High at Smoking Clinic

"Exceptional" attendance was reported for the LaPorte Community Cancer Association's recent Five-Day Plan against smoking. **Dr. Lowell J. Durham** presented one program on the effect of smoking on the heart and circulatory system as well as on the lungs.

Hospital Holds Sessions for Clergy

Dr. John Spellmeyer, Richmond, participated in a hospital-clergy orientation program at Reid Memorial Hospital recently. Sixty participants were scheduled to take part in the eight sessions intended to "introduce clergy to policies related to their function in the hospital."





Dr. H. Charles Smith, Bluffton, won a $100 Special Merit Award from the Kodak Company for this unposed photo of two children under an umbrella on a gloomy, rainy day. For two months Dr. Smith's photo was on display at the Kodak photo gallery in New York City, along with the black-and-white and color photography of photo amateurs from throughout the United States, Canada and Mexico. The KINSA (Kodak International Newspaper Snapshot Awards) winning photos were previously on display at the National Geographic Society headquarters in Washington, D.C.

Retirements Announced Recently

Among Hoosier physicians who have recently announced their retirement are the following:

Dr. James H. Hawk, Indianapolis, State Board of Health, Division of Medical Care;

Dr. Russell S. Henry, Indianapolis, director of the Division of Tuberculosis and Chronic Diseases, State Board of Health;

Dr. John H. Combs, Evansville;

Dr. John Stanley Brown, Carlisle.

Dr. Lillian Moulton, Evansville;

Dr. Hubert J. Ryan, Merrillville and Gary;

Dr. Paul R. Boren, Poseyville;

Dr. Theodore C. C. Fong, Madison

AMA Films Now Available Through ASF

The films in the AMA professional film library are now available through Association-Sterling Films, 600 Grand Ave., Ridgefield, N.J. 07657, 512 Burlington Ave., La Grange, Ill., 60525, or 6644 Sierra Lane, Dublin, Calif. 94566. Additional information may be obtained by writing or calling ASF.

Ob-Gyn College Elects Dr. Yahnke

Dr. David G. Yahnke, Columbus, has been elected to Fellowship in the American College of Obstetricians and Gynecologists.

June 15 Exam Application Deadline

The American Board of Family Practice will give its next two-day written certification examination on Nov. 1 and 2. The exam will be held at five centers. For full information write to Nicholas J. Pisacano, M.D., University of Kentucky Medical Center, Lexington, Ky. 40506. The deadline for receipt of applications is June 15.

Drug Enforcement Administration News

Emergency Telephone Prescription for Schedule II Drugs

In a bonafide emergency, a physician may telephone a prescription order to a pharmacist for a Schedule II drug.

1) The drug prescribed must be limited to the amount needed to treat his patient during the emergency period;
2) Prescribing or dispensing beyond the emergency period must be pursuant to a written prescription order;
3) The dispensing pharmacist must reduce the oral request to writing;
4) The pharmacist has responsibility to make reasonable effort to verify the order when the physician is unknown to him;
5) The physician is required to furnish, within 72 hours, a written signed prescription order to the pharmacy for the drug prescribed; and
6) The pharmacist is required by law to notify DEA should he not receive the written signed prescription order within the 72 hours.

"Emergency" means that:

1) Adminstration of the drug is necessary for proper treatment;
2) No alternative drug is available, and
3) It is not possible for the physician to provide a written prescription for the drug at that time.

Dispensing Prescriptions for Addicts

The pharmacist may not dispense a prescription for a narcotic dependent person for the purpose of continuing his dependence unless the pharmacy is part of a joint FDA-DEA approved treatment program.

Doctor's Offices

Controlled substances for a doctor's office or his "black bag" are not to be supplied on prescriptions. These supplies must be obtained by the physician by using his own DEA order forms, invoices, or purchase requests. A community pharmacy may supply doctors' needs as long as the pharmacy does not exceed the 5% rule for distribution without a distributor's registration.—from **Registrant Facts,** Dec. 1974, a quarterly publication of the Drug Enforcement Administration, Washington, D.C. ◄

County, District News

Second District

The date of June 11 has been chosen for the annual meeting of the Second Trustee District. It will be held at Vincennes.

Sixth District

The annual meeting of the Sixth District will be held at Richmond on May 15.

Seventh District

May 14 is the date for the annual meeting of the Seventh District and the Hillview Country Club at Franklin is the place.

Eleventh District

The Delphi Country Club will be the site of the annual meeting of the Eleventh District which will be held on Sept. 17. Dean Andrew of Purdue has been retained as the speaker at the evening session.

Carroll

The February meeting of the Carroll County Medical Society was held at the home of Dr. and Mrs. Alvan L. Eller of Flora. "Epiphyseal Injuries in Sports" was the topic of the guest speaker, Dr. John Gossard of Lafayette.

Clark

At the January meeting of the Clark County Medical Society the 26 members present voted to cooperate with the county bar association in the formation of an Evaluation Committee.

Mr. Harry Flynn, a representative of the Burroughs Wellcome Company, was a guest at the December meeting and presented a program concerning the new TV series of programs called MEDIX. It was voted that the society endorse the program and notify Station WAVE to that effect.

It was also decided to approve the request of the grant for the sickle cell anemia program.

Dearborn-Ohio

Mr. Mike Huff, a representative of the Syntex company, presented a program on asthma at the February meeting of the Dearborn-Ohio County Medical Society.

"Disease of the Retina" was the subject of the paper presented at the January meeting by Dr. Tom Versic of Cincinnati.

Dubois

Dr. and Mrs. Henry G. Backer of Ferdinand were honored at the November meeting of the Dubois County Medical Society. He was celebrating his fiftieth year in the practice of medicine, and he and Mrs. Backer were also celebrating their fiftieth wedding anniversary.

New members welcomed were Drs. Jon G. Ellison of Huntingburg and Jose Geronimo of Santa Claus.

It was voted to raise the county society dues to $100 per year for 1975.

At the January meeting an informal presentation was made by Dr. Alexander Pontaoe regarding the services available through the Southern Hills Mental Health Center.

Elkhart

"Blood Coagulation Relating to Clinical Problems" was the subejct of the talk given at the March meeting of the Elkhart County Medical Society. Dr. Joseph Caprini, Evanston, Ill., was the speaker.

Fountain-Warren

Proposals for ambulance service in the area were considered at the March meeting of the Fountain-Warren County Medical Society.

A request for information about pioneer physicians in the area and the practice of medicine in the early days in Fountain and Warren counties was presented by Mrs. A. S. Salvo in connection with preparation for observance of the nation's Bicentennial.

It was voted to cooperate with a blood pressure program at Veedersburg, Attica, Covington, Williamsport and West Lebanon.

Grant

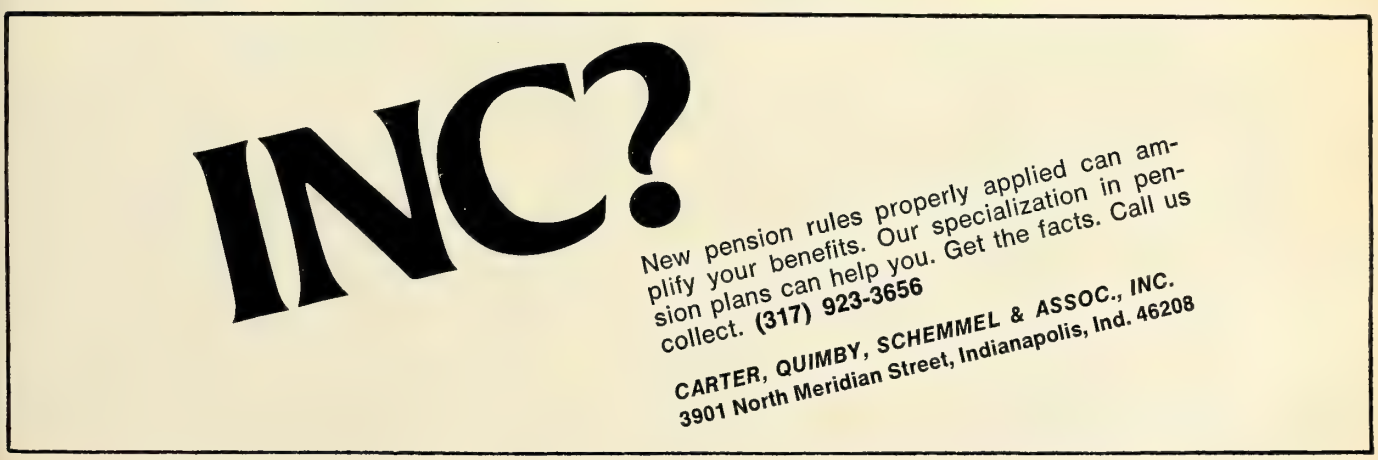
Dr. Joseph F. Thompson from the Department of Obstetrics and Gynecology at Indiana University Medical Center, Indianapolis, was the speaker at the February 25 meeting of the Grant County Medical Society.

Howard

The Howard County Medical Society met on March 4 at the Kings Crown Inn, Kokomo, and heard a presentation by Mr. Robert Boughman, a representative of the St. Paul Insurance Company, regarding malpractice insurance.

Huntington

"Eclampsia and Pre-eclampsia" was the subject of the paper presented at the January meeting of the Huntington County Medical Society by Dr. Joseph Thompson.



At the February meeting the speaker was the Reverend Mr. Craig, whose subject was "The Good Samaritan."

Knox

Thirty-six members were present at the February meeting of the Knox County Medical Society at the Elks Country Club. The speaker was Dr. James Schomberger of Chicago, whose talk was titled: "High Blood Pressure: A Public Health Problem."

A resolution was passed pledging the society's best efforts toward keeping the Lawrenceville, Ill., hospital open, although it is scheduled to be phased out by 1979 under Comprehensive Health Planning.

Lake

One hundred physicians and their wives attended the annual installation dinner meeting of the Lake County Medical Society. The only new officer, Dr. Leonard Neal, alternate delegate, was introduced by Dr. W. A. Nelson, president, as were the other officers who will serve another year.

A humorous talk titled "You Never Know Who's Watching: Observations on the Biology of Courtship Behavior," was given by Professor David A. Evans of Kalamazoo College.

Dr. William R. Cast, Fort Wayne, chairman of the ISMA's ad hoc committee on professional liability, spoke to the group on malpractice insurance problems and the legislative approach to their solution. His talk was followed by a question-and-answer period.

Madison

Guest speakers at the March 11 meeting of the Madison County Medical Society were Drs. Richard Linback and Charles M. Wunsch of Indianapolis. Their topic was "Cardiac Rehabilitation."

Dr. Wilbert McIntosh and others spoke on PSRO at the January meeting.

Marshall

Dr. Keim Houser was the speaker at the February meeting of the Marshall County Medical Society. He spoke on "Laparascopy" and showed technics.

At the March meeting the guest speaker was Dr. A. Donald Merritt, chairman of the Department of Medical Genetics at Indiana University Medical School, whose topic was "Clinical Genetics."

Wayne-Union

Dr. Arthur L. Scherbel of the Cleveland Clinic Foundation addressed the February meeting of the Wayne-Union County Medical Society which followed a dinner in the Reid Memorial Hospital's community dining room. His topic was "Anti-Inflammatory Drugs in Connective Tissue Disease."

Election of Officers

Officers have recently been elected by a number of county medical societies, as follows:

Dearborn-Ohio

Dr. Henry Conrad will serve as delegate from Dearborn County, with Dr. Ivan Lindgren as alternate delegate. Dr. Gordon Fessler will be the delegate from Ohio County. Serving as delegate to the District meeting will be Dr. Leslie Baker, with Dr. Ivan Lindgren as alternate from Dearborn County. Dr. Gordon Fessler will be the delegate from Ohio County.

Dubois

Dr. Victor J. Borges, Huntingburg, is the president; Dr. Daniel C. Drew, Jasper, continues as secretary-treasurer. Drs. Bernard P. Kemker and Andrew Lowry will serve on the executive committee. Dr. Drew will be the delegate to the 1975 annual meeting of the ISMA with Dr. Harry L. Craig as alternate.

Floyd

Dr. Kenneth H. Brown, New Albany, is the new president; Dr. Daniel H. Cannon, also of New Albany, continues as secretary.

Jackson

Dr. John C. Linson, Seymour, president; Dr. Robert L. Morris, also of Seymour, secretary.

Jasper

Dr. Ernest R. Beaver, Rensselaer, president; Dr. Michael Louck, Rensselaer, secretary.

Jennings

Dr. James L. Calli, Jr., North Vernon, president; Dr. F. Richard Walton, also of North Vernon, secretary.

Jefferson-Switzerland

Dr. Michael G. Ryan, Madison, is the new president, with Dr. Ott B. McAtee, also of Madison, continuing as secretary.

Marion

Serving as officers of the Marion County Medical Society for 1974-75 are: Dr. I. E. Michael, president; Dr. Donald C. McCallum, vice-president; Dr. Edwin S. McClain, president-elect; Dr. George T. Lukemeyer, secretary-treasurer. Dr. Charles R. Thomas is the immediate past president.

Noble

Dr. Charles M. Bowman, Albion, president; Dr. Max Sneary, Avilla, vice-president; Dr. Carl F. Stallman, Kendallville, secretary.

Parke-Vermillion

Dr. Antolin M. Montecillo, Clinton, president; Dr. George Alexandrescu, Clinton, secretary.

Porter

L. J. Armalavage, Valparaiso, president; Dr. Frederick D. Hoham, Portage, president-elect; Dr. Frank M. Sturdevant, Portage, secretary-treasurer; Drs. Uldarico Blando, Valparaiso, John C. Read, Chesterton, Tom Dittmer, Zanita Pangan, Tom Covey and J. R. Brown, all of Valparaiso, directors. Dr. Joel Hull, Chesterton, and Robert L. Koenig, Valparaiso, were chosen to serve as delegates, while Drs. John R. Poncher, Valparaiso, and Joseph Griffin, Chesterton, will serve as alternate delegates.

Putnam

Dr. Frederick Dettloff, president; Dr. Warren L. Macy, secretary. Both are of Greencastle.

Vigo

Dr. Ludimere Lenyo is the new president, with Dr. William Drummy continuing as secretary. Both are of Terre Haute.

Wells

Dr. Louis F. Bradley, Bluffton, continues as president; Dr. James E. Umphrey, also of Bluffton, is the new secretary.

Whitley

A film on congestive heart failure was shown and developments in application of casts were discussed at the January meeting of the Whitley County Medical Society. In addition, the Reach to Recovery program for postoperative breast surgery cases was instituted.

Officers were elected, as follows: Dr. James W. Roth, president; Dr. Joseph Mishler, vice-president; Dr. Thomas G. Hamilton, secretary-treasurer and delegate to the annual meeting of the Indiana State Medical Association. Dr. Roth and Dr. Hamilton are of Columbia City, and Dr. Mishler is of Pierceton. ◄

THE FAMILY LAWYER

NARCOTICS IN CAR

"Possession" of narcotics is plain enough when they are found in somebody's pocket or purse. But suppose they are found in somebody's automobile. Is each occupant of the car considered guilty of the crime of possession?

Police thought so in one recent case when they arrested not only the driver of the car but his passenger as well. They had discovered a bag of illicit pills on the rear floorboard.

The passenger, however, who had been sitting in the front seat, denied any knowledge of the pills. And the court ruled that there simply was not enough evidence to connect him with the offense.

Most courts agree that one's mere presence in a car in which narcotics are found is not enough to establish guilt. There must be some additional evidence of involvement.

For example:

All three occupants of another car were charged with possession of some drugs that were found underneath a blanket. But this time, each man told the police a different story —and not one of the stories checked out.

Under these circumstances, a court decided they could all be convicted of possession. A guilty conscience, said the court, was indicated by their efforts to "cover up."

Ownership of the car, too, may help to establish guilt.

In another case, narcotics were found on an open shelf in the back section of a van. The owner of the van, who was also at the wheel, insisted they must have been left there by a passenger—unbeknownst to him.

But a court found him guilty nevertheless. The court said that as both owner and driver of the vehicle, he was hardly likely to be unaware of something located in such plain sight.

A public service feature of the American Bar Association and the Indiana State Bar Association. Written by Will Bernard.

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Association News

EXECUTIVE COMMITTEE

Sat., Jan. 18, 1975

The Executive Committee of the Indiana State Medical Association convened at 3:00 p.m., Saturday, Jan. 18, 1975, in the headquarters office with the roll call showing the following present: Donald M. Kerr, chairman; William R. Clark, member; Gilbert M. Wilhelmus, president; Vincent J. Santare, president-elect; Richard G. Ingram, chairman of the Board; Hugh K. Thatcher, Jr., treasurer; Arvine G. Popplewell, assistant treasurer; Frank B. Ramsey, editor of THE JOURNAL; Jas. A. Waggener, executive secretary, and K. W. Bush, administrative assistant.

Dr. Peter Petrich and Dr. A. C. Offutt appeared before the committee.

MINUTES OF THE MEETING HELD Nov. 23, 1974, approved upon motion by Dr. Thatcher and a second by Dr. Clark.

MEMBERSHIP REPORT AS OF DEC. 31, 1974, was reviewed and accepted as information.

MEMBERSHIP REPORT

ISMA	1974	1973	INCREASE
Full dues-paying	4169	4115	54
Residents	119	86	33
Exempt	525	497	28
TOTAL	4813	4698	115
AMA			
Full dues-paying	3836	3780	56
Residents	116	72	44
Exempt	525	497	28
TOTAL	4477	4349	128
PAID ISMA — NOT AMA			
Full dues-paying	333	335	2 Decrease
Residents	3	14	11 Decrease
TOTAL	336	349	13 Decrease

HEADQUARTERS OFFICE

THE SECRETARY ANNOUNCED he had had a letter from Hook Drugs, Inc., stating that they could not help finance the Tel-Med Program. He also reported he had met with the Gift Committee of the Eli Lilly Company and felt sure there would be some help forthcoming from this organization.

DUES STRUCTURE. The secretary raised the question of the division of Military Dues of $75.00. Upon motion of President Wilhelmus and a second by Dr. Thatcher, it was determined that $8.00 would go to THE JOURNAL, the medical defense item would be eliminated and $67.00 would then be prorated to the Building Fund, American Medical Education Research Fund, Public Speakers' Program and Professional Liability Insurance Program.

WASHINGTON VISITATION. The secretary then raised the question concerning whether it was the desire of the Association to make a Congressional visit in 1975 and it was decided they would make such a visitation on Apr. 29-30 and May 1. It was also determined that the dinner would be held at the Democrat Club and the group would stay at the Hay Adams Hotel.

The chairman was to announce to the Board of Trustees that board members were welcome to attend this meeting but at their own expense.

President Wilhelmus then reported to the committee that he had employed former Senator Robert E. Mahowald of St. Joseph County to handle the lobbying work of the Indiana State Medical Association during the current session of the Legislature. Senator Mahowald will do all the lobbying work of the Association with the exception of that for the Patients' Compensation Bill.

The secretary then reviewed a letter which he had addressed to the American Association of Retired Persons concerning one of the recent articles on the high cost of medical care, the secretary pointing out they had failed to mention professional liability costs as a major factor in the rising cost of medical care. The editor of the publication replied he was grateful for this information and would do a study and would develop a series of articles on this for the publication.

DR. PETRICH THEN APPEARED before the committee regarding I-MEDIC INC., saying he would like to get the program incorporated so it could begin working. He asked for the names of the incorporators and, upon motion of Dr. Thatcher and a second by Dr. Santare, it was determined the incorporators should be the president, the president-elect and the Board chairman.

TREASURER'S REPORT

The treasurer reported on the financial condition of the Association and his report was approved upon motion of President Wilhelmus and a second by Dr. Clark.

MEDICAL DEFENSE CHECKING ACCOUNT. The treasurer then suggested that inasmuch as we only have $930.60 in the Medical Defense checking account, this be transferred to the Medical Defense savings account and if a check is necessary it could be written from the General Fund and the money transferred from the savings account back to the General Fund. By consent, this was approved.

NORTH PENNSYLVANIA STREET PROPERTY. On motion of President Wilhelmus and a second by Dr. Clark, the secretary was instructed to obtain a variance for use of the Pennsylvania Street property.

DR. OFFUTT APPEARED BEFORE the committee and discussed the quarterly report he proposed to send to the State Board of Health concerning the Community Health Survey being conducted upon behalf of the Association. Upon motion of Dr. Ingram and a second by Dr. Thatcher, the report was approved.

Dr. Offutt also reported the recommendation of the Commission on Public Health concerning the health situation in county and city jails. The recommendation was that the Association strongly encourage the State Board of Health to concern itself with this problem in the protection of public health. This was approved upon motion of Dr. Thatcher and a second by Dr. Clark.

Dr. Offutt also presented a recommendation from the Commission on Public Health which urged the Association to support the theory of regionalization of local health departments. This was approved upon motion of Dr. Thatcher

and a second by Dr. Santare.

JOINT STATEMENT OF INDIANA CITIZENS' LEAGUE FOR NURSING. Dr. Offutt also reported to the Committee the opinion of the Commission on Public Health regarding the joint statement of the Indiana Citizens' League for Nursing.

The Committee, by consent, authorized the president to write a letter to the Citizens' League setting forth some of the objections and recommendations regarding this position statement.

MAXIMUM ALLOWABLE COST PLAN. The secretary then reported on the Maximum Allowable Cost Plan which is covered in a memorandum issued by HEW and published in the Federal Register under date of Nov. 15, 1974. He stated he had sent this information to the county medical societies and had contacted Eli Lilly and Company to assist in preparing a statement to be sent over the name of the Association to HEW. These actions were approved by consent and the secretary was instructed to send copies of the statement to the members of the Executive Committee when formulated.

INDIANA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS. A letter from the Indiana Chapter of Emergency Physicians was read and the secretary was instructed to send Dr. Joseph McPike instructions to follow in creating a Section on Emergency Physicians.

OLD MEDICAL EQUIPMENT. A letter from a Mr. George of Richmond concerning some artifacts which had been used by Dr. E. E. Holland, who had passed away some 25 years ago, stating that his widow was seeking somewhere to dispose of his equipment, some of which must be 100 years old. It was suggested this be referred to Dr. Charles Bonsett of the Indiana Medical History Museum.

LETTER FROM ROGER H. ZION, former 8th District Congressman, announcing he was opening an office in Washington, D.C., and informing the Association of his availability for any assistance he might give us was read and taken as a matter of information.

A LETTER FROM THE SECRETARY OF THE POSEY COUNTY MEDICAL SOCIETY informing the Association that the society did not approve of public health physicians being placed in Posey County. This was taken as a matter of information.

RENEWAL OF MEMBERSHIP IN CHAMBER OF COMMERCE OF THE UNITED STATES was approved upon motion of Dr. Thatcher and a second by Dr. Wilhelmus.

JOINT STATEMENT TO BE ISSUED BY INDIANA STATE MEDICAL ASSOCIATION and INDIANA HOSPITAL ASSOCIATION was approved upon motion of Dr. Thatcher and a second by Dr. Santare.

RENEWAL MEMBERSHIP IN CENTRAL INDIANA BETTER BUSINESS BUREAU was approved upon motion of Dr. Santare and a second by President Wilhelmus.

REQUEST OF METHODIST HOSPITAL for use of the mailing list to mail a notice on an Asthma Symposium was approved upon motion of President Wilhelmus and taken by consent.

A LETTER REQUESTING THE USE OF THE MAILING LIST by an Indianapolis physician who is beginning a plastic surgery practice was reviewed and the use of the mailing list was approved provided this was approved by the Marion County Medical Society and the secretary to check the content of the mailing to be sure it was within ethical limits.

ADVERTISEMENT CONCERNING A SEMINAR ON SELF-HYPNOSIS conducted by R. D. Willard, M.D., was read for the information of the committee.

LETTER FROM THE INDIANA PUBLIC HEALTH ASSOCIATION, INC., regarding its legislative dinner to be held Feb. 12 was presented to the committee. The matter was taken as information and the President appointed Dr. Kerr to represent the Association at the head table.

LETTER FROM THE AMERICAN MEDICAL ASSOCIATION asking the Association's opinion concerning the AMA Council on Scientific Assembly conducting a Regional Continuing Medical Education meeting in Indianapolis in 1976 was read, and the secretary is to notify the AMA, cordially inviting them to hold such a program in Indiana.

A LETTER FROM THE BARTHOLOMEW-BROWN MEDICAL SOCIETY disapproving of any further assignment of public health service physicians in their area was read for information of the committee.

A LETTER FROM THE STATE DEPARTMENT OF PUBLIC INSTRUCTION seeking contributions for the establishment of the Indiana FFA Association (Future Farmers of America) was taken as a matter of information.

A RESOLUTION FROM TIPPECANOE COUNTY MEDICAL SOCIETY concerning PSRO was read for the information of the committee.

A LETTER FROM INDIANA DENTAL ASSOCIATION TO THE PSRO Support Center, in which they declined to approve the PSRO program, was read for the information of the committee.

AN ANNOUNCEMENT THAT INDIANA HEALTH CAREERS had received a grant from HEW in the amount of $39,048 was taken as a matter of information.

A LETTER FROM THE PENNSYLVANIA MEDICAL SOCIETY announcing they will nominate Dr. William A. Sodeman as a candidate for president-elect of the AMA at the June meeting was taken as a matter of information.

A LETTER FROM AN INDIANA PHYSICIAN ADDRESSED TO BLUE SHIELD concerning the returning of a questionnaire at his expense was taken as a matter of information.

A LETTER FROM A GROUP OF INDIANA PHYSICIANS concerning their inability to obtain their fee profiles from Blue Shield was read and taken as a matter of information.

PRESIDENT WILHELMUS gave a progress report on the Patients' Compensation Act.

THE JOURNAL

The secretary informed the committee that a Mr. Jerry Marcus threatened to sue THE JOURNAL for use of one of his cartoons without authorization. The secretary presented information from the agency from which the cartoon was obtained, together with a copy of check endorsed by the cartoonist and informed the committee all material has been turned over to our attorney to write the final letter.

MEDICAL DEFENSE

A letter from a firm of attorneys concerning a physician who has been sued for professional liability was reviewed and it was noted the county medical society had not approved this application. Application to be returned to the attorney for approval of the county medical society before state Medical Defense Committee can act upon it.

An application for medical defense of an Indiana physician was approved by consent.

FUTURE MEETINGS

AMA 71ST ANNUAL CONGRESS ON MEDICAL EDUCATION, Chicago, Jan. 31-Feb. 2, 1975. No representative will be sent.

MID-AMERICA HEALTH FORUM, Kansas City, Feb. 7, 1975. No representative will be sent.

AMERICAN MEDICAL ASSOCIATION and AMERICAN BAR ASSOCIATION MEDICO-LEGAL SYMPOSIUM, Las Vegas, Mar. 14-16, 1975. Upon motion of Dr. Thatcher and taken by consent, the association will send three representatives and will pay their expenses up to $500 and it was decided President Wilhelmus, President-elect Santare and Chairman of the Board Ingram will attend this meeting.

AMA CONFERENCE ON RURAL HEALTH, Roanoke, Va., Mar. 20-21, 1975. No representative will be sent.

AMA SOCIOECONOMIC CONGRESS ON NATIONAL HEALTH INSURANCE, Atlanta, Ga., Apr. 25-26, 1975. No representative will be sent.

NEW BUSINESS

The secretary read letters from several of the states which normally we exchange courtesies with during our annual meeting suggesting that the president's expenses, such as travel and hotel, be paid by his own state medical society with the host society entertaining him at regular functions. This concept was approved by consent.

There being no further business, the committee adjourned to meet again upon the call of the Chairman and it was thought that a possible date for the next meeting would be Mar. 8, 1975.

BOARD OF TRUSTEES

Sat., Jan. 18, 1975

Dr. Richard Ingram, chairman of the Board, called the meeting to order at 7:30 p.m. in the headquarters office.

ROLL CALL:

Dist.	Trustee	
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon Schauwecker	Present
6	Paul M. Inlow	Absent
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Martin J. O'Neill	Present
11	James A. Harshman	Present
12	Alvin J. Haley	Present
13	G. Beach Gattman	Present

Dist.	Alternate	
1	E. DeVerre Gourieux	Present
2	Edgar R. Cantwell	Absent
3	T. A. Neathamer	Absent
4	William F. Blaisdell	Present
5	William G. Bannon	Present
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Absent
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Leonard W. Neal	Present
11	Lloyd L. Hill	Present
12	Franklin A. Bryan	Present
13	Donald S. Chamberlain	Present

Officers and Executive Committee

Gilbert M. Wilhelmus	Present
Vincent J. Santare	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Present
Joe Dukes	Absent
John W. Beeler	Present
William R. Cast	Present
Donald M. Kerr	Present
William R. Clark	Present

Staff

Robert J. Amick	Present
Kenneth W. Bush	Present
Howard Grindstaff	Present
Bob Sullivan	Present
James A. Waggener	Present

Dr. Ingram: We have a quorum. We'll continue with the announcements from the Chair. First of all, for the people who transcribe our minutes, which is an extremely difficult job, I would plead with you to identify yourself when you speak.

APPOINTMENT OF BOARD COMMITTEES

Dr. Ingram: The second matter is the appointment of Board committees. They are printed with two exceptions. I would like to make those additions and with your permission dispense with the reading of the committee appointments. Under committee number two, liaison with the I. U. School of Medicine, I have added the name of Dr. Howard Jackson, and under number 11, Tel-Med financing, I have again added the name of Dr. Jackson.

MINUTES OF NOV. 23-24, 1974, MEETING

Dr. Ingram: I would hear a motion concerning the minutes of the previous meeting, held Nov. 23, 1974.

Dr. Goodman: I move that the minutes be accepted as they are printed.

The motion was seconded and passed.

REPORT OF PRESIDENT WILHELMUS

Dr. Ingram: The next item on the agenda is the report of President Wilhelmus. And included in that will be a status report of the Patients' Compensation Act with whatever ancillary people that President Wilhelmus has to use in that capacity.

Dr. Wilhelmus: Good evening, gentlemen. I do not know if all of you realize it, but one of our very good friends broke her leg last night—Joe Dukes' wife, Betty. That's one reason Joe is not here with us. I have been returning to Indianapolis two to three times a week, meeting with the various committees. I'll ask Bill Cast to talk about the insurance committee and his report. I met with Dr. Wright of the Indiana Medical Federation, and we'll let you ask questions of Bill if you wish. Last time we did not have a lobbyist hired to cover the Medical Practice Act and the other ancillary medical health care acts which are going to come before the present legislature. Mr. Waggener and I have interviewed many people. Mr. Waggener and I have met together and interviewed Bob Mahowald. He's from South Bend. He's a Democrat. He was defeated the last year because he voted with Governor Bowen's tax package. He is working very hard. In fact if he has done what he says he's done in the last two days, he's earned his salary for an entire three months.

For your information, about 10 days ago, the Medical-Legal Committee of the Indiana Bar Association met and they voted five to two in favor of our bill. I think a great effort from our lobbyists, our attorneys, and Dr. Paul Muller had a lot to do with this. One day I'm really optimistic about this bill. The next day I'm a little pessimistic. The lawyer who I've talked to down in southern Indiana said that if you get this bill through in one year, it will be a miracle. It will probably take two or three years. But, in view of the problems, we have to have a miracle.

Due to the great help of Bill Wright and his committee, we are passing this to every doctor. They should have this brochure to put in the office to hand out to their patients. I do hope the physicians of the state of Indiana will pass them out. We need an all-out effort so that people, not doctors, but people—our patients—will notify the legislature.

REPORT OF COMMITTEE ON LIABILITY INSURANCE

Dr. Cast: This will be a report of the Committee on Medical Liability Insurance. As you recall, we divided the Committee on Medical Liability into two parts—one to deal with insurance, the other to deal with legislation. Dr. Paul Muller and myself co-chair the legislation with Paul, mainly, taking care of the Indianapolis portion of the lobbying. On the Medical Liability Insurance Committee, there was a committee appointed by Dr. Wilhelmus. The committee meeting opened with a brief statement of the present position of our legislation in the state as it pertains to the insurance industry in the state of Indiana. The committee then agreed to hear representatives of the ARM insurance group who were to present a proposal for cooperative plan with the State Medical Association.

Dr. Cast then summarized the ARM group's proposal.

Dr. Cast continued: It was moved by Dr. Thomas Conway that the committee resolve and recommend to the Board of Trustees that the Indiana State Medical Association go on record as opposing the claims-made concept with the following statement: "Whereas the claims-made contract for medical liability insurance provides only for an annual protection of claims made during that calendar year; and whereas no provision is made for continuing coverage of acts performed under the current legal documents of discovery and the legal statutes of limitations; and whereas no current claims-made contract is currently approved by the state of Indiana insurance commissioner; and whereas the premium structures for claims-made contracts are currently unreasonable and burdensome, both to the public and to the physician; therefore, it is resolved by this committee and presented to the Board of Trustees for their resolution that the claims-made approach to medical liability insurance be resisted; that the Board of Trustees warn its membership of the abuses which exist, both in the insurance contract and in the premium structure at the earliest possible moment; that the Board of Trustees take the position in any dealing with insurors that the medical services can only be continued while doctors are covered by responsible insurors and the Association does not feel that the money should be drained out of the state of Indiana to provide coverage in other states." That is the end of the resolution. As it was instructed by the Board of Trustees to continue to seek other outlets for the membership to purchase medical liability insurance, the committee has contacted two other groups who may make proposals for a plan. That ends the formal report. The recommendation should be on the record that it is the recommendation of the insurance committee. We will continue to meet. We will probably withhold the approval of any group to survey the market for us until we see the situation in the legislature because as soon as we pick one, we lose all the others. So we will continue to deal on an informal basis.

Dr. Harshman: I would move that the Board accept and approve the report from the Committee on Medical Liability Insurance.

The motion was seconded. Discussion followed.

Dr. Ingram: Would you indulge me just a moment, because I suspect that there are men here who are as unclear now as I have been very recently about the business of admitted and nonadmitted insurance companies in the state of Indiana. Those terms have been flying loose around here. An admitted carrier means that their policy is filed with the state insurance commission. Their rates are approved by that insurance commission and also their policy is approved. But it is possible to sell insurance in the state on a nonadmitted basis, meaning that there is no state control of either the policy or the rates or the delivery on the policy. All claims-made policies sold today in the state of Indiana are on a nonadmitted basis, meaning that our insurance commissioner has absolutely no control over those policies. This is what we're being offered, for instance, by ARM—a claims-made policy on a non-admitted basis.

Dr. Goodman: Before I vote on the motion that has come before the Board, I wonder if Dr. Cast would clarify. If we vote favorably on this motion, are we heeding your own suggestion?

Dr. Cast: Yes. We are opposing a concept that is bad for our people. We are not directing it to a particular company. We're saying that this principle is impossible for us to live with. However, in the brochure that you have received from ARM, they indicated that they would consider becoming an admitted carrier. This would mean that they would submit their contract to the insurance commissioner and obtain approval, which would mean fixing their rate schedule.

Dr. Harshman's motion to accept and approve the committee's report was then voted on and passed.

Dr. Goodman: Mr. Chairman, I move that the insurance commissioner of the state of Indiana be notified appropriately by the president of the Indiana State Medical Association.

The motion was seconded, voted upon and carried.

REPORT OF LOBBY AND LEGISLATIVE COMMITTEE

Dr. Cast: Concerning the lobby and legislative committee, we have continued mainly to present programs by trustee district. I attended one in Lake County that had very good attendance. Our lobbyists are contacting mainly leadership right now. They're trying to get sponsorship for the bill. They have been successful. They are concentrating on getting it assigned to the proper committee and I, at this time, am reasonably optimistic. The costs in time for Dr. Wilhelmus and myself, for the lawyers and the other people have been in excess of what we had expected. I had not expected to be gone three days at a time, and I'm sure Dr. Wilhelmus had not. I expect that, like the Pentagon, we will have some time overrun and cost overrun, but I think that the best that I can see, we're getting a fair return on our money because we are accomplishing more than really even we thought for the money. To this end, to help ourselves, we need several things from you. I had asked by telephone through the ISMA for each of you to bring a list of people, county by county, that we could mold into a phone committee. The reason being that occasionally I will get a call from Paul Muller from the legislature to quick call somebody in Red Key, or Muncie, or wherever, and contact the legislator. If we have a phone committee, we can get the word out quickly with one or two phone calls and cover a wide area. We need a collection of incidents exactly like what you're talking about, Dr. Ferrara. We need anyone who is here who knows of an adverse effect on health care delivery system to set it down in a paragraph. It must be factual. If you'll write each of these down and give it to Jim Waggener, we will begin to collect a fact sheet of incidents.

REPORT OF PRESIDENT-ELECT SANTARE

Dr. Ingram: The next item on the agenda is the report of President-Elect Santare.

Dr. Santare: This lobby committee is to be commended. I received teelphone calls from Dr. Cast and Dr. Muller and they tell me that so and so is on this committee and this fellow lives at such and such an address in such and such a town. This is his telephone number; this is his wife's first name; this is his doctor; and he's going to be home on such and such a night. I think they are doing a great job.

The second observation that I have is about the AMA convention in Portland. Number one, our President, Dr. Wilhelmus, really took the steer by the horns and functioned as the chairman of the delegation. Dr. Harshman did a fine job as our floor leader. Mr. Waggener and Mr. Bush should be commended for running an excellent hospitality room.

Despite letters from Dr. Sammons and Dr. Palmer of the AMA, President Ford did sign a version of S.B. 2994; that was on Jan. 4, 1975. This means we are going to have health service agencies in the state. Within 30 days the secretary of HEW is to notify the governor, who is then to have 60 days in which to determine his areas of health service. Your health service areas are going to be similar to comprehensive health planning except that they are no longer going to be planned. They are going to be doing the planning and the development. Many of the odious things we have heard in the past will now actually come into effect with this law. This is a law that I feel has sneaked through on us and I'm afraid we had better watch it or try to control it. Your health service areas are going to have from 10 to 30 on the board. I believe, in those areas where there is a good comprehensive health planning outfit, they will take over. So if you have control of your area in comprehensive planning, stay in there and keep with it.

The last thing I have is on Tel-Med. I did volunteer at the last meeting to try

to obtain some funds from the Lake Area United Way for Tel-Med and when Dr. Thatcher gives his report you are going to find that, for the first time I can remember, we are going to have a quarter in the red. We are going to be $22,000 in the red for the first quarter of our fiscal year, which is October to the end of December. This is due primarily to the $25,000 we have allocated to Tel-Med. I have asked the Lake Area United Way to make a contribution to this in order to keep it going, and they've admitted it is a great program. They were willing to establish liaison with the other Community Chests and try to get them to give something pro rata which I think would take a year. The second thing would be to try to establish Tel-Med locally in Lake County. I bring these two suggestions from them.

REPORT OF EDITOR RAMSEY

Chairman Ingram then called upon Dr. Ramsey, editor of THE JOURNAL.

Dr. Ramsey: Mr. Chairman, Trustees. The treasurer's report for the quarter just closed shows that THE JOURNAL is in satisfactory condition in accord with the deficit, and we had less of a deficit than we had planned. Pharmaceutical advertising nationally is improved a little each year and for January and February it is only up 4%. That is a lot better than it was every month last year, when it went down about 10-15% in relation to 1973. The one item which you should consider tonight is the election of two members for the edtiorial board. The terms of Dr. Haley of Fort Wayne and Dr. Loh of Gary expired this last December. They are both eligible for reelection or replacement.

Dr. Ingram: We do have the business of editorial board nominations: Dr. Alvin J. Haley of Fort Wayne and Dr. Wei Ping Loh of Gary, whose terms expired Dec. 13, 1974. The floor is open for nominations for these positions.

Dr. Goodman: I would like to renominate Dr. Alvin J. Haley and Dr. Wei Ping Loh. The motion was seconded.

Dr. Ingram: The floor is still open for nominations.

Dr. Goodman: Mr. Chairman, I move the nominations be closed.

The motion was seconded and passed. Vote was taken on the nominations and both physicians were unanimously elected.

REPORT OF THE TREASURER, DR. THATCHER

Dr. Ingram: We are now ready for the report of the treasurer, Dr. Thatcher.

Dr. Thatcher then gave a detailed report of the status of ISMA finances.

Dr. Thatcher: Mr. Chairman, I would move for the acceptance of the report.

The motion was seconded and, following additional discussion on the report, the motion was voted upon and passed.

REPORT OF BLUE SHIELD BOARD CHAIRMAN, DR. BLACK

Dr. Ingram: Dr. Black, could you give us the Blue Shield report?

Dr. Black: I'm going to leave with your chairman a copy of the attendance record of all of our directors for all the board meetings, all national meetings, and all committee meetings for the past year. These are Blue Shield directors who have been far better in attendance than any other group which we have ever had. They've been most loyal. The average is well above the 90th percentile. They've been meeting in board sessions and most of them have been meeting once or twice a month in various committee functions. As you know, most corporations under audit by the state of Indiana, must report all the minutes of their meetings and they audit the attendance of all your directors.

They are different men in many respects. They have different abilities. They have different talents. They have different knowledges and contacts; but right now, with the many problems facing the payment of physician services, hospital services, nursing homes, I think the more knowledgeable people we have, the better off the practicing physician back home is going to be.

The next thing is a request from you to help with Tel-Med. This morning in the executive committee we offered $25,000 base to you plus $5,000 to help make some changes in the tapes. I do feel that we can also help you in many ways. I think we can make some changes in the budget, get more for your dollar, if you let us help you. This is not mandatory. This is only an offer on our part to sit down with you and see if we can't perform the same services a little more reasonably for all of us. I'm going to propose this to my board tomorrow, that we authorize $25,000 plus $5,000 for adjustments in tape, with the option that we negotiate with Dr. Ingram and Mr. Waggener relative to how this program will be set up in the future.

Dr. Goodman: I move that the chairman of the Board and the executive secretary be instructed to explore this possibility with Dr. Black.

The motion was seconded. Considerable discussion followed. Dr. Goodman later withdrew his motion.

Dr. Ferrara: I move that we accept from Blue Shield the $25,000 and the $5,000 or more to change the tapes.

The motion was seconded and passed.

Dr. Ferrara: I move that the Tel-Med committee proceed with Blue Shield and explore the possibilities of using their WATS lines and other possibilities to promote Tel-Med in the future.

The motion received a second and was passed.

Dr. Wilhelmus: Joe, this letter was sent to Senator Hartke by Dr. Holliday of Gary; a carbon copy to Representative Ray Madden, who is head of the Rules Committee for the House; Senator Birch Bayh and M. C. Todd, M.D., president of AMA; and to myself, president of the Indiana State Medical Association.

Dr. Wilhelmus then read Dr. Holliday's letter, which stated he had requested his individual area fee profile from Blue Cross and Blue Shield.

Dr. Black: May I have a copy of this correspondence to take with me this evening?

Dr. Wilhelmus: Yes. Here's a whole packet.

Dr. Black: Secondly, I have told you, gentlemen, and I will keep telling you, I will be happy to have you come in, or any physician come into the office and review his profile. I have never had a physician yet come down and want to look at profiles of his own. When he gets down there he wants to look at somebody else's, and this is not his right. Now we've had some requests from Marion County which were very poorly handled, and I apologize.

Dr. Black: I would like to have a legitimate request from Dr. Holliday for his profile. He will get his profile, but he will not get every general surgeon's in Lake County nor his next door neighbor's. It's none of his business.

Dr. Schauwecker: Joe, one of the big problems, you know it and I know it, is the distribution of physicians. What is the position of Blue Shield if a physician from Indianapolis who has been here for years practicing excellent medicine moves to a smaller community? Why should he be penalized to accept the prevailing fee in that community, rather than what he was accepting in Indianapolis, or any other larger community?

Dr. Black: I can't honestly answer. I'm not sure they are. On the other hand, we have updated a lot of men who live in the periphery on the parameters, who are practicing and they were actual residents in one area; and their fee structure would be something there and yet they were providing the services in another area. We have raised all those men to where they are actually producing their services.

Dr. Schauwecker: We are trying to get a new surgeon to join our group. He's a Hoosier, went to I.U. Medical School. If he comes to our community he will be paid so much for gall bladder, stomach, what have you. Now if he goes to Bloomington, if he goes to Indianapolis, it's altogether a different thing. Now here's the same man who is going to do the same procedure. Theoretically it will be the same quality of medicine, but yet why should he be penalized?

Dr. Black: I wholeheartedly agree. I would like a statewide fee schedule, but the ISMA has never gone on record for such a thing.

Dr. Ingram: We have a debate going

here that, in my opinion, does not serve any motion or serve any legitimate action of this Board. If you wish to move that we need to discuss, we will be glad to do that. Otherwise, I'm going to rule further discussion on this topic out of order.

Dr. Schauwecker: I'd like to move that Blue Shield look into this particular problem inasmuch as they are interested in the distribution of physicians, as we are, and come up with some sort of solution that is agreeable to them as well as to us.

The motion was seconded.

Dr. Ingram: The motion has been made and seconded that we request Blue Shield to review the matter of dividing the state into separate economic areas for fee payment.

The motion was voted upon and passed with a vote in the negative by Dr. Santare, who requested that his vote be placed on the record.

REPORT OF THE AMA DELEGATION

Dr. Ingram: We will now hear a report about the AMA clinical meeting. Dr. Harshman.

Dr. Harshman: I have printed and circulated a report which you can read, but basically we had two members of the delegation who were not there: Dr. Senseny and Dr. Neumann. Dr. Steen was chairman of Reference Committee A and Dr. Scamahorn was on the famous Reference Committee F, so we had a lot of people with quite a crowded agenda. Most of our time is spent with the budget and dues. I've never been through a session like this one. With as many issues that organized medicine is facing as they are today, there was very little discussion of these issues, such as malpractice and national health insurance, and so on. Most of the discussion dealt with in-house problems and the budget.

What really happened was that there was a $90 dues increase request, but this did not pass. The dues problem will be discussed at the Atlantic City meeting. In place of a dues increase there was a special assessment. There were three motions made before the House at one time—one asking for a $30 assessment and one asking for a $50 assessment and one asking for a $60 assessment. We opposed all three of these motions because we thought we were mandated by our own Board to oppose a dues increase and we viewed the special assessment as, in effect, being a dues increase; but the House did approve a $60 assessment by a vote of 161 to 74.

Dr. Harshman then reported in detail additional action of the House and the ISMA delegation's status on the issues. The meeting was then recessed at 10:15 p.m. to meet again the following day, Sun., Jan. 19, at 9:00 a.m.

BOARD OF TRUSTEES

Sun., Jan. 19, 1975

Dr. Ingram, chairman of the Board of Trustees, called the meeting to order at 9:00 a.m. The first order of business was

ROLL CALL:

Dist.	Trustee	
1	Bernard B. Rosenblatt	Present
2	Paul W. Holtzman	Present
3	Eli Goodman	Present
4	Howard C. Jackson	Present
5	Cleon M. Schauwecker	Present
6	Paul M. Inlow	Present
7	John O. Butler	Present
7	Joseph F. Ferrara	Present
8	Richard G. Ingram	Present
9	William M. Sholty	Present
10	Martin J. O'Neill	Present
11	James A. Harshman	Present
12	Alvin J. Haley	Absent
13	G. Beach Gattman	Absent

Dist.	Alternate	
1	E. DeVerre Gourieux	Present
2	Edgard R. Cantwell	Absent
3	T. A. Neathamer	Absent
4	William F. Blaisdell	Present
5	William G. Bannon	Absent
6	Glen Ward Lee	Present
7	Donald C. McCallum	Absent
7	John G. Pantzer	Absent
8	Jack L. Alexander	Absent
9	Max N. Hoffman	Present
10	Leonard W. Neal	Present
11	Lloyd L. Hill	Present
12	Franklin A. Bryan	Present
13	Donald S. Chamberlain	Present

Officers and Executive Committee

Gilbert M. Wilhelmus	Present
Vincent J. Santare	Present
Hugh K. Thatcher, Jr.	Present
Arvine G. Popplewell	Present
Frank B. Ramsey	Present
Joe Dukes	Absent
John W. Beeler	Present
William R. Cast	Absent
Donald M. Kerr	Present
William R. Clark	Present

AMA Section Delegates

Joseph E. Walther	Present

Guests

Hal Hefner	Present
John B. Twyman	Present

Staff

Robert J. Amick	Present
Kenneth W. Bush	Present
Howard Grindstaff	Present
Bob Sullivan	Present
James A. Waggener	Present

I-MEDIC

Dr. Ingram: We have a quorum and we will proceed with the business at hand. The first item on the agenda is unfinished business. Is there any business to be brought up at this time?

Dr. Goodman: An independent organization was passed by the House of Delegates in 1973 and we are now in 1975 faced with some federal regulations which begin to have some real teeth, beginning the first of 1976. Hanging loose is the question of what really is the attitude of this Board about carrying out that particular directive of the House in 1973?

Dr. Ingram: Well, as I understand it, it was a mandate that was to be carried out and it is in the process of being carried out. The incorporation is planning to take place promptly. We have a pilot study that is almost certainly going to be undertaken at the Winona Memorial Hospital here.

Dr. Goodman: Do you feel, in light of the activity that has taken place, that I can honestly go back to my district and say we are pursuing with some degree of vigor the development of an alternative method of peer review, as instructed?

Dr. Wilhelmus: I think so.

Dr. Ingram: We'll call on Dr. Kerr for the report of the Executive Committee.

REPORT OF THE EXECUTIVE COMMITTEE

Dr. Kerr: The first matter is that of the annual Washington visitation day. You know the Executive Committee goes. We wondered whether this would be a fruitless venture. We decided we should go because we will be meeting new faces. We feel we should acquaint ourselves with them. As in the past, it's been the policy that any Board members who wish to go at their own expense are certainly welcome to join the entourage. We have decided on the dates—22, 23, and 24. However, we were informed last night after the decision that there is a conflict. (Later in the meeting the dates for the Washington visitation were set for April 29 through May 1.)

The other matters were relative to I-MEDIC. We did not have a Board for incorporation purposes. The Executive Committee, acting on the direction of this Board, concluded that these shall be the members: the president, the president-elect, and chairman of the Board of Trustees. Incorporation is supposed to proceed very rapidly from this point.

FUTURE PLANNING COMMITTEE REPORT

Dr. Ingram: The next item on the agenda is the Future Planning Committee Report. There are many suggestions for change in this.

Dr. Ingram then spoke on the substance of the report having to do with an optional one-day spring meeting to deal

with urgent matters such as legislative issues and the restructuring of the ISMA commissions and committees.

Dr. Ingram: So the structure then would be: Executive Committee, Future Planning Committee, Committee on Sports and Medicine and six commissions (Commission on Medical Education, Commission on Medical Service, Commission on Constitution and Bylaws, Commission on Public Relations, Commission on Convention Arrangements) each consisting of seven members with approximately ten subcommissions of an additional four members each. The total involvement in the commission structure would approximate 82 members in contrast to the 254 members now involved. These are quite sweeping changes and I felt that this should be brought to the Board.

Dr. Harshman: I think the expression here by the Future Planning Commission is quite appropriate. It's basically modeled after the AMA division of activities. The present commission structure, I think, is quite antiquated and it's time that it be revised. The only problem that I can see on this is how are these 82 members to be selected—are they to be elected, appointed, or what? I think it's a minor problem, but I would certainly be in favor of concentrating our efforts into six groups and then, if we need subcommittees and subcommissions, they can be formed under one of these that are recommended. So I would speak very strongly in favor of the revision.

Dr. Wilhelmus: Well now, Mr. Chairman, the only question would be that the commissions would really be made up of seven members each and we have more districts than that. It's been the policy in the past to have a man from each district appointed so that every district is represented so I'd like to suggest perhaps we think along that line. But I think the idea of changing this to a small group is much better than what we have now.

Dr. Ingram: I appreciate those remarks; I would make a point. I think the action of the House really leaves it to us to accomplish this in some way. I would interpret the Future Planning Report as a guideline which has been adopted. The mechanics, the actual numbers and that sort of thing would be somewhat open.

Dr. Harshman: I will move that we refer this portion of the Future Planning Committee's Report, dealing with the restructuring of the commissions, to be sent to the Commission on Constitution and Bylaws.

Motion was seconded.

Dr. Thatcher: I'd include in that motion, Jim, an admonition that they confer with the Future Planning Commission so they won't have to spend unnecessary time going through all this again and arriving at a conclusion.

Dr. Harshman: Well, I would certainly accept that as an editorial change.

The motion was voted upon following the second's acceptance of the editorial change and was passed.

Dr. Chamberlain: I would like to move that the Board of Trustees recommend with this report being sent to the Commission on Constitution and Bylaws that one representative from each district be placed on each of the major commissions.

The motion received a second and passed.

Dr. Jackson: Mr. Chairman, further about the Future Planning Committee, they did include the matter of a one-day optional meeting. Did we dispose of that?

Dr. Ingram: No, not here. The House of Delegates referred it back to the Board. There shouldn't be a need for action. We have the authority to call a one-day meeting if we need to.

REPORT OF STUDENT LOAN COMMITTEE

Dr. Ingram: The next item we have is the report of the Student Loan Committee. It was passed out and is on the agenda for today. I refer to the action of the House. It is further recommended that, because of the inactivity of this committee on loan funds, the report be referred to the Board of Trustees with recommendation that the following options be considered: (1) to restructure the committee, or (2) to transfer the loan money to AMA-ERF or (3) to discontinue the fund and/or billings for this loan committee. So we were given a lot of options and it was referred to us to decide what to do.

Dr. Holtzman: I've been on this committee for about two years and to my knowledge the committee has never been called or met. There's been much discussion between Mr. Waggener and myself on this fund committee because I've resented the fact that there's $40,000 in escrow, so to speak. My last understanding by talking with Mr. Waggener is that this money was allocated specifically for student loans and therefore cannot be touched.

Lengthy discussion followed on the status of the fund.

Dr. Santare: I'd move that the chairman appoint a subcommittee of this Board to discuss it with the Student Loan Committee and come up with a recommendation to the Board.

The motion was seconded and passed.

RESOLUTION 74-20

Dr. Ingram: Next item on the agenda is Resolution 74-20. This was in your agenda minutes and was referred to the Board, following adoption by the House.

Dr. Goodman: I think we have a fairly clear directive of the membership to try to protect at least the confidentiality even though we are having thrust upon us all the federal desires to make us accountable, to lead us into PSRO-type programs. I think it imperative that this Board expedite the development of I-MEDIC because I think proper development of I-MEDIC is in the spirit of compliance with 74-20, confidentiality of medical records. This, of course, is one of the purposes of I-MEDIC.

Dr. Holtzman: In view of pending legislation, I move that this be tabled.

Motion was seconded.

Dr. Goodman: A point of information from Dr. Holtzman—in view of what pending legislation?

Dr. Holtzman: The legislation on the state and federal basis.

Dr. Ingram: I'd like to retake the vote with a restatement of the motion because I was incorrect in allowing it to go without a definite time. You would like to table it until the legislation is over. Is this all right with the second?

The motion to table was voted upon and passed.

Dr. Inlow: May I ask a question? If the question comes up in the interim, you will take no action on it; is that what this means?

Dr. Ingram: I think the study of this is just tabled. I don't think that would change our responsibility, if we saw what we considered to be gross invasion of privacy, to take whatever steps might be necessary. That would be the way I would interpret it.

RESOLUTION 74-21

The next item on the agenda is Resolution 74-21 concerning legal action challenging the constitutionality of Public Law 92-603, Section 249F (PSRO Law).

Dr. Harshman: It's currently in the court system. It's already been heard by the Court of Appeals in Chicago. I don't think the decision from that panel of judges has, or is, forthcoming as yet; and I'm sure that when we receive the decision it will be immediately appealed to the Supreme Court so it would appear to me that the challenge to the constitutionality is properly being studied by the judicial system. The only point at this moment is to whether you want to join that crusade or support the efforts of the organization that's carrying the banner.

Dr. Ingram: Incidentally, the status of that, I think, is that the only oral arguments heard to date have been on a motion by the government to dismiss the suit, and a decision has not been rendered on that motion to dismiss so we don't even know what's going to go.

Dr. Bryan: Speaking for Dr. Haley, he is very much against enacting this particular resolution.

Dr. Schauwecker: I move that this be tabled until the present litigation is decided one way or another.

The motion was seconded and carried.

INDIANA MEDICAL EDUCATION FOUNDATION

Dr. Ingram: The floor is open for nomi-

nation for four spots on the Indiana Medical Education Foundation.

Dr. Thatcher: Mr. President, I move that the present members be renominated and elected. The bottom two would be for three years and the top two would be for only two.

The motion was seconded and passed. Elected to two-year terms were Dr. Lester D. Bibler, Indianapolis, and Dr. Bernard Hall, Logansport. Elected for three-year terms were Dr. Jack H. Hall, Indianapolis, and Dr. Joe Dukes, Dugger.

TRUSTEE REPORTS

Dr. Ingram: The next item is the report of the trustees, remission of dues and meeting dates.

Dr. Goodman: Mr. Chairman, the date for the annual 1975 meeting of the Third District has not yet been selected although the meeting place has. I would, for your information, tell you that the Third District Medical Society is having a special meeting this afternoon to consider its stance about review, whether they would want in-hospital review or out-hospital review conducted by PSRO.

Dr. Jackson: I have no meeting date as yet but we are going to have our meeting in Ripley County, Batesville.

Dr. Ferrara: We ask the remission of dues for a physician from Martinsville. He's retiring from practice.

Remission of dues was granted by the Board.

Dr. Sholty: We'll meet June 12 at Curtis Creek Country Club in Rensselear.

Dr. O'Neill: A physician of Whiting is retired now because of hardship and illness.

Remission of dues was granted by the Board.

Dr. Bryan: The annual meeting of the Twelfth District will be held in Fort Wayne on September 11. We have a change of status for one of our members. He has applied to the county medical society for change of membership status and waiver of dues.

On motion and second, the Board granted remission of dues to the Allen County physician.

Dr. Bryan continued: As you recall, at our last Board meeting, the president of Philippine Medical Association was very concerned because of discrimination against foreign medical graduates which related to malpractice insurance. At the meeting of the Board of Trustees of the Fort Wayne Society, we approved the following resolution for transmission to the Board of Trustees of ISMA. "Be it resolved that the Indiana State Medical Association shall continue to extend to all its members its equal protection and that no right, privileges or obligations of its members shall be abridged on the basis of sex, race, color, national origin, or school of medicine." I move that we present this to the ISMA for approval. The motion was seconded, put to a vote and carried.

AMA TRUSTEE ELECTION

Dr. Ingram: Report of AMA delegation proposing Lowell Steen for Board of Trustees.

Dr. Harshman: When we arrived in Portland we were a little surprised when confronted with the question of what we were going to do next summer concerning the question of a candidate for the Board of Trustees. Quite honestly we hadn't given that a whole lot of thought. Dr. Steen, as you all know, is quite a capable individual and certainly had intent to move up in AMA. He had great interest in affairs on the Council of Medical Service and under an old plan we had proposed to move Steen onto the Council of Medical Services and then perhaps onto the Board of Trustees. The emphasis for this movement basically came from the Council on Medical Services, from several members of that Council, and we were encouraged to run him for the Board in June.

Dr. Harshman then described the election atmosphere at the AMA and Dr. Steen's potential for election.

Dr. Ingram: We have a suggestion on behalf of the AMA delegation to introduce Dr. Steen as a candidate and that we need action, I think, of some sort from this Board.

Dr. Santare: I will move that we support Dr. Steen's candidacy to the Board of Trustees of the AMA.

The motion was seconded and a lengthy discussion followed.

Dr. Chamberlain: Is it fiscally possible to do this, Mr. Treasurer?

Dr. Thatcher: We haven't got it in our budget.

Dr. Ingram: I might also point out we never have had, and we've done it before. But you know it's never a budgeted item; these are always decided a meeting or two before the AMA meeting.

Dr. Santare: You know we have two meetings. We allowed some $20,000, and we only spent $7,000 for the first meeting. I would say we'd have $3,000 as a leftover from the first meeting; and if we stay within our budget for the second meeting, which should be cheaper since it's at Atlantic City and not Portland, I think we have the money.

More discussion followed on the status of Dr. Don Wood, former trustee of the AMA from Indiana.

Dr. Goodman: I think this discussion is germane to the motion.

The motion to support Dr. Steen's candidacy for AMA trustee was put to a vote and carried.

NOMINATIONS FOR BLUE SHIELD BOARD

Dr. Ingram: We will now have nominations for the Blue Shield Board and I would like to call on the chairman of the nominating committee, Dr. Paul Holtzman, for his report.

Dr. Holtzman: We have weighed the counsel of all interested parties and hereby submit the following names as nominees, leaving the election to the wisdom of the Board. We submit Dr. Paul Humphrey, Dr. McIntosh, Dr. Glock, Dr. Blaisdell, and Dr. Gutierrez. I, as chairman of the nominating committee, move that these votes be by secret ballot and that those elected must have a majority vote.

The motion was seconded and carried. The Board nominated to the Blue Shield Board Drs. Wilbert McIntosh and Maurice E. Glock, both for three-year terms, and Peter E. Gutierrez for a two-year term.

PROFESSIONAL LIABILITY MEETING

Dr. Ingram: Under the item of new business, I would like to bring up a proposal and then we will take any other new business. This is my idea of the Great Lakes States' meeting on professional liability. I've asked our executive secretary to contact our neighboring states to see if they have problems, with the minor exception of possibly Illinois, and they think they are beginning to have a problem. They are interested in a single meeting for exchange of ideas with the possibility of then establishing a newsletter-type arrangment to exchange with each other so that we are each informed of what's going on in our neighboring state. This, of course, is subject to approval by this Board.

The Board then discussed the proposal. Dr. Sholty then moved, seconded by Dr. Holtzman, that such a meeting be established, if it's possible, in five weeks. The Board then considered the possible effect of such a meeting on the status of the ISMA bill in the state legislature. Dr. Goodman: I move to table this item until the next meeting of the Board. The motion received a second and carried.

NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT

Dr. Goodman: My AMA Green Sheet, dated Jan. 13, 1975, says that AMA will go to court in an attempt to prevent the Federal Government from implementing the National Health Planning

and Resources Development Act. I would like to move, sir, that this Board send a communication of commendation to the American Medical Association for their conduct in this matter which, I think, is highly appropriate.

The motion was seconded, voted upon and carried.

STURGIS RULES OF ORDER

Mr. Waggener was then directed by the Board to order 26 copies of *Sturgis Rules of Order* for the Board members.

NEXT MEETING OF THE BOARD

The Board then on a motion and a second elected to meet on Sun., Mar. 9, with the Executive Committee meeting planned for Saturday evening, Mar. 8.

Dr. Goodman: Mr. Chairman, I want to take this opportunity before the whole group breaks up, to publicly compliment you, as many have privately, on the excellent way you have run this meeting.

The Board then recessed into Executive Session at 2:00 p.m.

Bottom of Recession May Be In Sight

The bottom of the recession may be in sight. The tax cut that is coming up will bring it closer.

Because of the complex mix of influencing factors both in the domestic arena and internationally, it is not possible to guess just when the bottom will be reached. In fact, the way things go these days it sometimes can't be determined when a turning point has taken place even after it's behind you. For example, economists disagree whether the present recession began with the oil embargo of November, 1973, or after the embargo was lifted in April, 1974.

Nevertheless, there are some faint signs that the business slide which accelerated severely in the final quarter of 1974 now is moderating and is ready to level off.

Instead of a widespread economic dive, we may look forward to a rolling readjustment, to use a term that was popular in describing early post World War II recessions. That is when some things are starting to recover as others are just beginning to feel the pangs of decline. As an illustration, the auto makers may be in a position to start recalling sizable numbers of workers in another month while some of the industry's suppliers may have to remain idle longer before starting to rebuild inventory.

The auto industry, by the way, deserves much of the credit for applying the brakes to the recession with its rebates up to $600 on new cars. The public reception exceeded Detroit's expectations (although sales are still behind a year ago) and helped to throw some light on important economic factors that badly needed illumination. Such things as: (1) consumers are resisting high prices and are attracted to bargains; (2) there is ample disposable income around as was indicated in December when retail sales slipped but the rate of savings soared, some of which is going now for the new cars; (3) while rising unemployment has frightened many consumers out of the market place, many of the 92% that are still employed are ready to spend.

Not Classic Recession

This is not a classic recession, what with its link to world oil prices, threats of international war and coming on the heels of a period of political paralysis in Washington. Nevertheless, if we apply some of the usual criteria to measure the health of the economy, we will find there are symptoms of a cure. The "money temperature" for example shows bank loans have stopped rising, Treasury bills and bonds rates have started declining, as have mortgage rates, and the money supply is accelerating. Also, unit labor costs which climbed dramatically last year are starting to moderate. In past recessions these have been recovery symptoms.

Unfortunately, some of the other early signs are not showing. Housing, for one. In past recessions housing often led the recovery. This time, home construction may have lost some of its clout as a barometer. There have been a number of geographical and demographical dislocations in the housing market—North vs. South; inner city vs. suburbs; apartments vs. single homes—which alter the reliability of housing as a trend setter. It still is a major factor in the well being of the economy, by itself and as a part of the important construction industry. There have been some increases in building permits, but there is not likely to be a big jump in housing starts before the second half. In the meantime, as mortgage rates come down, the vacancy rates in units that have been completed should decline.

Federal Stimulants Alone Can't Insure Recovery

While there is general agreement that the contemplated tax cut along with other Federal deficit stimulants will help to reverse the business slide, by themselves they cannot assure a healthy recovery for the economy. For even though industrial production has fallen below 90% of the nation's capacity and there are signs that wholesale prices are leveling out, there is no reason to believe that inflation has really been tamed. We all know that there still is plenty of pressure to increase prices and wages. The high cost of energy alone is enough to insure that.

In the trough between recession and recovery, productivity rates will increase. This is because output will increase without a commensurate boost in manpower—the reverse of what happens in the early stages of recession when production slows down while the payroll stays the same, thereby reducing productivity and raising unit labor costs.

When the recovery starts building up steam is when the crucial part of the costs picture gets painted. If costs go up faster than output then the response is usually a price increase. The result of course is more inflation.

If the worst of the recession is behind us—and we'll know in another six weeks or so if it is—then the combination of the tax cut, moderate restraint on expanding the money supply (as the Federal Reserve people are pledged to exercise), and selective but active participation by consumers could create the right formula for a rosy ending to the recession of 1974-75.**—from Dow Theory Forecasts, Feb. 10, 1975. Reprinted with permission.**

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For further information, please Write: Division of Conferences and Continuation Services, Stewart Center, Purdue University, West Lafayette, Indiana 47907; or Phone: (Area Code 317) 749-2533

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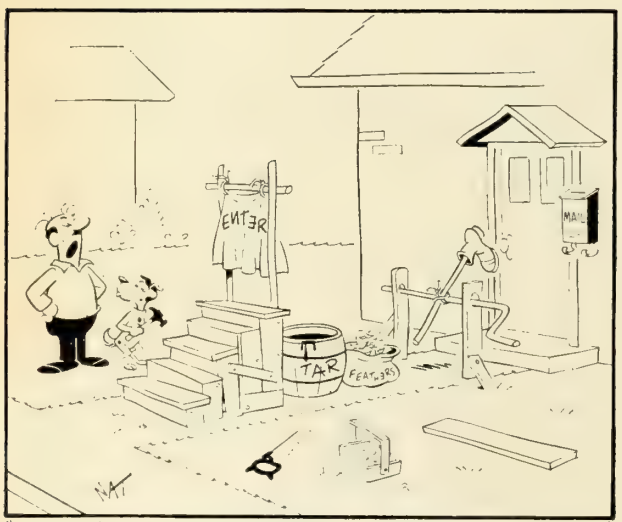
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May 1975 Vol. 68 • No. 5 • Indianapolis

The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION

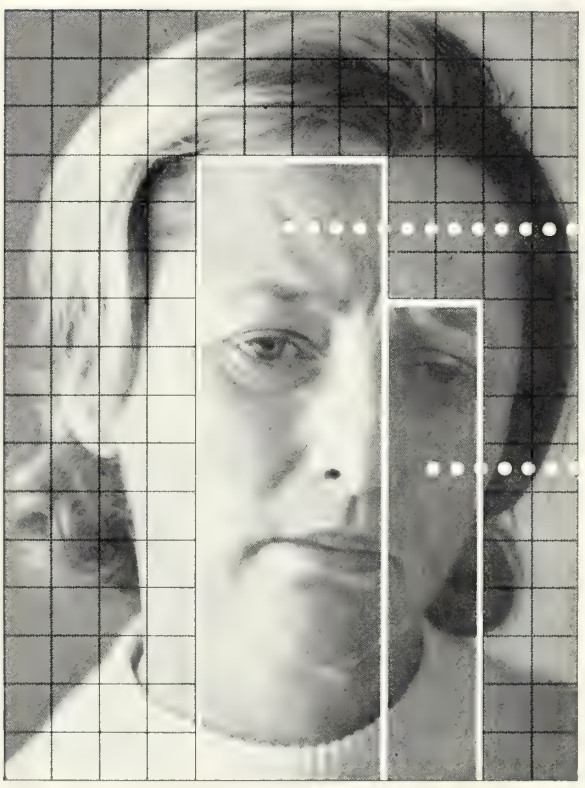


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Predominant psychoneurotic anxiety

Associated depressive symptoms

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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

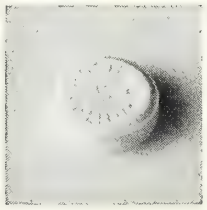
Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful

respond to one

According to her major symptoms, she is a psychoneurotic patient with severe anxiety. But according to the description she gives of her feelings, part of the problem may sound like depression. This is because her problem, although primarily one of excessive anxiety, is often accompanied by depressive symptomatology. Valium (diazepam) can provide relief for both—as the excessive anxiety is relieved, the depressive symptoms associated with it are also often relieved.

There are other advantages in using Valium for the management of psychoneurotic anxiety with secondary depressive symptoms: the psychotherapeutic effect of Valium is pronounced and rapid. This means that improvement is usually apparent in the patient within a few days rather than in a week or two, although it may take longer in some patients. In addition, Valium (diazepam) is generally well tolerated; as with most CNS-acting agents, caution patients against hazardous occupations requiring complete mental alertness.

Also, because the psychoneurotic patient's symptoms are often intensified at bedtime, Valium can offer an additional benefit. An *h.s.* dose added to the *b.i.d.* or *t.i.d.* treatment regimen can relieve the excessive anxiety and associated depressive symptoms and thus encourage a more restful night's sleep.



Valium® (diazepam)

2-mg, 5-mg, 10-mg tablets

in psychoneurotic anxiety states with associated depressive symptoms

surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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SELLING SUICIDE DRUGS

"Suicide by sleeping tablets" was the medical verdict when an elderly man was found dead in his bathroom. But his widow soon showed interest in another kind of verdict. She filed a lawsuit against the neighborhood druggist for damages.

"He sold those sleeping tablets to my husband without a prescription," she charged in court. "Therefore, he is legally responsible for this tragedy."

But the court said that even if the druggist had sold the tablets wrongfully, this would not make him liable for her husband's death. The court pointed out that he had no good reason to foresee such dire consequences.

Most courts agree that a pharmacist is not ordinarily to blame if a customer uses a drug to commit suicide. But it could be a different story if there really had been grounds for apprehension. For example:

Another druggist sold a bottle of poison to a young woman, even though she was in a highly disturbed state. Again, suicide ensued. But this time, the druggist was ordered to pay damages to the victim's family.

The court said:

"Druggists should be required not only to be skillful but also prudent. A slight want of care is liable to prove fatal."

In one unusual case, a business executive was notified by the controller of the company to resign his position at once—and not to ask why. The executive was so shaken by this letter that, after brooding about it for several days, he took his own life.

In due course his widow tried to make the controller pay damages. But after a court hearing, her suit was dismissed. The court said it was impossible for anyone to know that such a letter "would cause any particular line of conduct."

A public service feature of the American Bar Association and the Indiana State Bar Association. Written by Will Bernard.

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — March 1975

Disease	Mar. 1975	Feb. 1975	Jan. 1975	Mar. 1974	Mar. 1973
Animal Bites	541	414	576	829	835
Chickenpox	565	500	944	688	1414
Conjunctivitis	211	221	170	249	246
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	97	83	155	131	100
Gonorrhea	765	1294	1253	1327	942
Impetigo	101	105	115	162	101
Infectious Hepatitis	32	44	20	70	65
Infectious Mononucleosis	90	96	89	98	105
Influenza	4494	17729	28700	10226	5727
Measles					
Rubeola	70	33	47	38	122
Rubella	78	60	30	102	278
Meningococcic Meningitis	2	1	0	2	0
Meningitis, Other	4	2	3	1	2
Mumps	357	265	329	158	138
Pertussis (Whooping Cough)	5	1	1	2	1
Pneumonia	539	881	841	812	792
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	1491	1888	1902	1882	1653
Syphilis					
Primary and Secondary	9	10	17	9	21
All Other Syphilis	91	96	79	125	160
Tinea Capitis	31	8	8	13	13
Tuberculosis (Active)	35	66	47	49	68

types for Tylenol®
(acetaminophen)



he patient with sthma or allergy



The patient with gastritis



The patient on uricosurics



The patient on anticoagulants



The peptic ulcer patient



The febrile, dehydrated child

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Drops, 60 mg./0.6 cc. (alcohol 7%).
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(acetaminophen)

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MAY 1975

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

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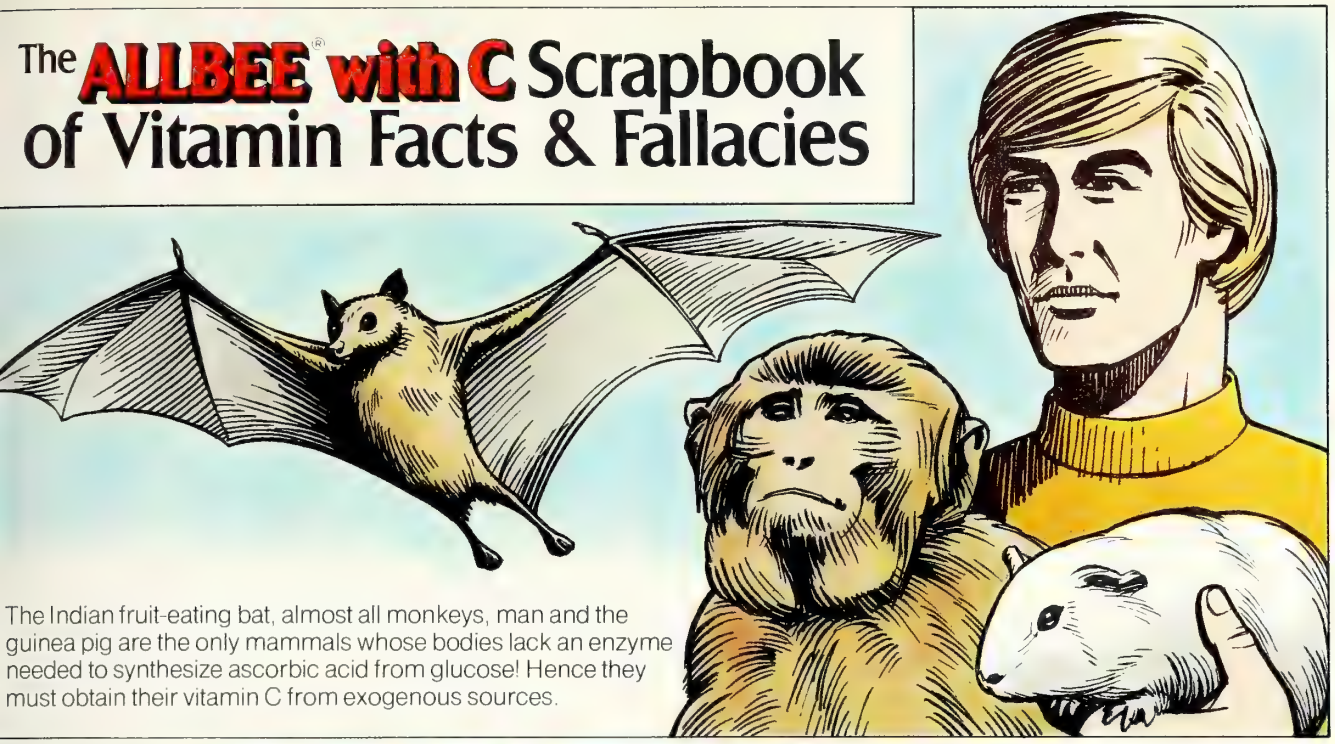
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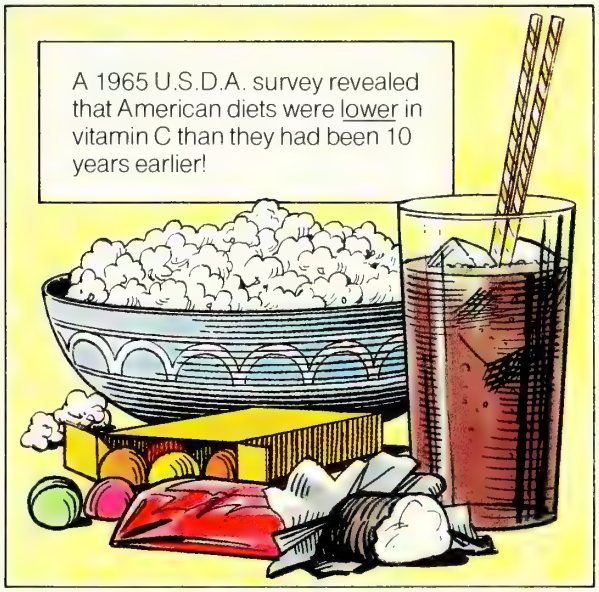
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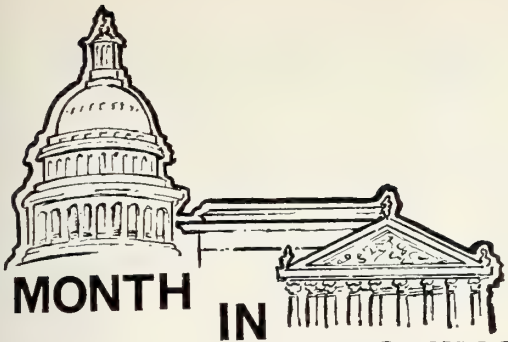
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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to The Journal on the first of each month preceding month of issue.

MARCH SAW THE AMERICAN MEDICAL Association testify a number of times before numerous Congressional committees on a number of bills, including professional liability, extension of health insurance to the unemployed, comprehensive elementary and secondary school health education, and air pollution.

The House Ways and Means Subcommittee on Health began hearings in consideration of legislation for sweeping studies of the medical professional liability problem. The measure, sponsored by Subcommittee Chairman Dan Rostenkowski (D-Ill.), authorizes a study by the Office of Technology Assessment in conjunction with the National Academy of Sciences.

Under the proposal, one study would be completed within 90 days and consider interim arrangements for solution of problems relating specifically to Medicare and liability. The second study, with a 10-month schedule, would review the entire area of professional liability compensation.

In testimony before the Subcommittee, Malcolm Todd, M.D., AMA president, urged that remedial activity be undertaken at the state level.

Dr. Todd told the Subcommittee that personal injury lawsuits are determined under the state rules of law. He noted that the U.S. Constitution requires this procedure, "and as a consequence, each state can determine its own destiny and provide a wealth of experience—favorable or unfavorable—to its neighbors. Accordingly, the AMA is cooperating with our federated state societies in actively fostering discussion of professional liability law at the state level throughout America. We recognize that each state has its unique cultural, industrial and social composition, and, accordingly, we expect to see a diverse response to the suggestions which we advance. However, we also expect to reap a rich experience by working within the system of American Federalism."

The AMA President said the federal government can be of assistance, but the ultimate responsibility is upon the states. "No one, least of all, I suspect, within this Congress, wishes to see this situation deteriorate to such an extent that the federal government is required to intervene."

Dr. Todd urged specific language for the Professional Standards Review Organization program to avoid interpretation of the law as providing federal minimum standards of care. This would drastically increase defensive medicine, he warned.

WITH RESPECT TO HEALTH INSURANCE for the unemployed, Russell B. Roth, M.D., AMA's immediate past president, testified before the Rostenkowski subcommittee that the current recession and inflation "have challenged the continued enjoyment of a way of life which we as a society so shortly ago assumed to be invulnerable."

The medical profession, Dr. Roth said, is committed to the goal of "reducing the human suffering increasingly prevalent throughout society."

The plight of the unemployed calls for fast remedial action "to devise a method under which health coverage is continued for the unemployed individual and his family and to afford such protection without disruption to the health delivery system." Dr. Roth advocated a temporary program which would, during the period of unemployment, continue the worker's insurance coverage for himself and his family. Such a program should be built upon the existing unemployment compensation system, one which affords a ready mechanism for implementation of a temporary program, according to Dr. Roth.

While the program would be funded from the general revenues of the federal government, premiums would be paid on the basis of certification of entitlement by state unemployment compensation agencies, he said.

A simple extension to the unemployed of Medicare Part A insurance coverage under the Medicare program would restrict the benefits to hospital care and any proposal which would condition the payment for services upon a hospital admission could only be expected to increase pressure for utilization of expensive care facilities and further aggravate inflationary costs, according to Dr. Roth.

"Moreover," Dr. Roth said. "the administration of a temporary health insurance program through the enlistment of the Medicare bureaucracy would place an

Continued on page 329

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4.	A. A. Daftary, Batesville	Lanny Copeland, Osgood	June 4, Batesville
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6.	Davis W. Ellis, Jr., Rushville	Clarence G. Clarkson, Richmond	May 15, 1975, Richmond
7.	Ray D. Miller, Martinsville	M. O. Scamahorn, Pittsboro	May 14, 1975, Franklin
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10.	Joseph M. Siekierski, Griffith	James R. Brown, Valparaiso	Sept. 24, 1975, Valparaiso
11.	George W. Wagoner, Delphi	Fred Poehler, La Fontaine	Sept. 17, 1975, Delphi
12.	J. Robert Edwards, Auburn	Thomas A. Felger, Fort Wayne	Sept. 11, 1975
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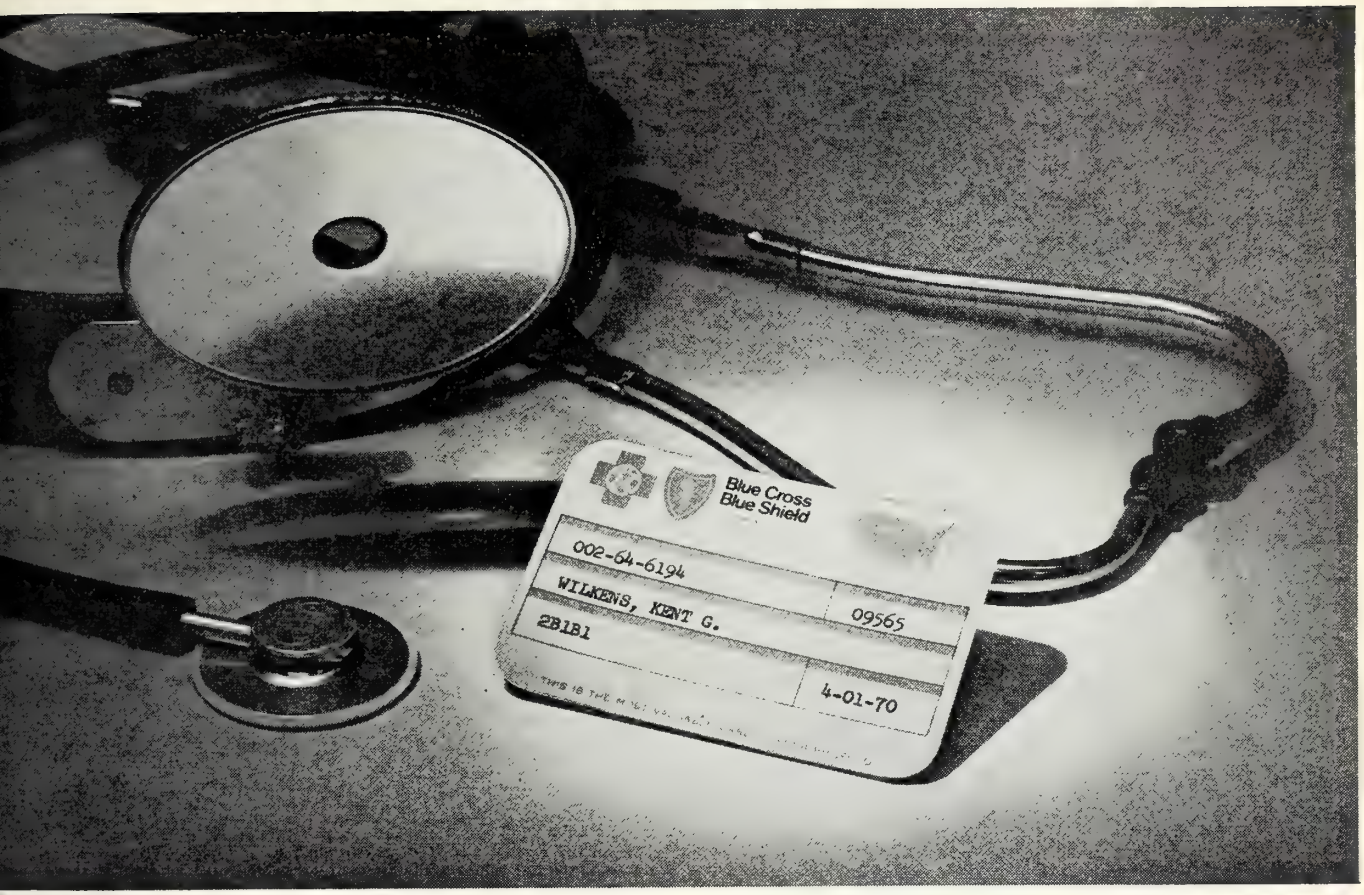
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Continued from page 323

immediate and intolerable burden upon an already strained bureaucracy."

The AMA presented similar testimony to the Senate Health Subcommittee headed by Senator Edward Kennedy (D-Mass.) which is holding hearings on the same subject.

THE AMA HAS ASKED CONGRESS TO APPROVE legislation to encourage comprehensive elementary and secondary school health education programs through a system of grants for teacher training, pilot and demonstration projects.

"The unfortunate fact is that most children and youths of the nation do not now have an opportunity to participate in comprehensive health education programs, since health education in many schools either is non-existent or is provided on a fragmented and inadequate basis," said Joe T. Nelson, M.D., a member of the AMA Board of Trustees.

Dr. Nelson told the House Education and Labor Committee that the Comprehensive School Health Education Act can help build into the primary and secondary education of every American child a program of health instruction that will help establish patterns of living that we know will discourage disease and enhance health.

RESEARCH ON AIR POLLUTION HAS PROVED that there can be health effects from long-term, low-level exposure, the AMA has told Congress. Episodes affecting large populations occur. Persons at high risk suffer more during periods of high pollution, and children may carry effects into adult life, William Barclay, M.D., AMA deputy executive vice-president, testified.

Dr. Barclay told the House Health Subcommittee that the AMA House of Delegates has endorsed the present levels and time schedules promulgated by the Clean Air Act-1970, and encourages Congress to preserve present levels and time schedules as necessary public health measures.

ELSEWHERE ON THE HILL, the House Health Subcommittee has approved a health manpower bill authorizing $1.7 billion over three years to support medical and other health profession education.

Under the proposal similar to the House-passed bill last year, medical schools would receive capitation support of $2,100 for each student for 1976 and 1977, with support decreasing to $2,000 per student in 1978. The bill provides a simple extension of present health manpower authority for this year.

Medical schools would be required to either increase their enrollment or provide for remote site training for at least 50% of their students in their last two years of medical school education. Medical students would be required to pay back to the U.S. Treasury capitation amounts paid to schools on their behalf, but would be given capitation payback forgiveness, on an equal year-for-year basis, for time spent in the National Health Service Corps or service in private practice in medically underserved areas.

Approved medical residencies could not exceed 155% of the previous year's graduating class starting in 1978 as a restriction on foreign medical graduates. In 1979 and 1980, limitation would decrease to 140% and 125%. The Coordinating Council on Medical Education could administer the residency limitation, but if it does not agree to accept such administration, the government would do so.

Designated as primary care specialties would be General and Internal Medicine, Pediatric Medicine, Family Medicine, and Obstetrics and Gynecology.

Senator Edward Kennedy (D-Mass.) has introduced four bills dealing with health manpower, including his sweeping plan of last year calling for mandatory service and licensing and re-licensing. This was rejected in the last Congress by the Senate in favor of Senator J. Glenn Beall's (R-Md.) more limited plan. House and Senate could not reach agreement on the legislation last year.

Kennedy's health subcommittee will hold hearings on the four bills in a month or so.

DESPITE PRESIDENT FORD'S FLAT DECLARATION that he would not introduce a national health insurance (NHI) proposal in the first session of the 94th Congress and would veto any such proposal, there

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is still talk of NHI this year by the Democratic leadership in both House and Senate.

During Dr. Russell Roth's testimony before Representative Dan Rostenkowski's Ways and Means Health Subcommittee on health insurance for the unemployed, the Chicago Democrat said: "Whatever program (unemployed health insurance) may be enacted by Congress, we can expect that it will last until national health insurance goes into effect. The bills which have been introduced so far would phase out in a year or so. But as practical people, we know that any program we adopt will not be allowed to lapse until a permanent solution under national health insurance is in place. If we start a program with unemployment at 9%, we will not be able to phase it out should unemployment levels drop to 4%—a figure we have not had in a long time. A program benefiting millions of people could hardly be arbitrarily cut off."

When his Subcommittee completes its work on the emergency problem, it will consider national health insurance. "The fact that we must do something about the immediate problem illustrates clearly the need to fashion a sound, workable plan of national health insurance for the long run; beginning next month, this Subcommittee will be working long hours to meet the goal," Rostenkowski said.

HEW SECRETARY CASPAR W. WEINBERGER has announced that the effective date for implementation of the utilization review regulations in hospitals and other health care facilities participating in the Medicare and Medicaid programs has been changed from February 1, 1975, to July 1, 1975.

"A number of questions about requirements and interpretation of the utilization review regulations have been raised since their publication, and some small rural hospitals have expressed concern about their ability to conform to these regulations," the Secretary said. "We have decided to move the effective date of the regulations so as to allow all providers to come into full compliance and to avoid the loss of eligibility to participate in the Medicare and Medicaid programs before July 1," he added. Secretary Weinberger said the Department would also use the time to work out special problems that may be faced in small rural hospitals.

Facilities with small medical staffs, specially those in rural areas, may have difficulty organizing the in-house review committees to operate the review system required by the regulations, the Secretary said. "For these facilities, several alternative means of complying with the law are provided in the regulations. State survey agencies and Departmental personnel will be available to work with the small facilities on these alternatives so that they can develop review systems that comply with the regulations."

HEALTH CARE SPENDING IN THE U.S. climbed over $100 billion for the first time in fiscal 1974, which ended last June 30. Public spending increased twice as fast as private spending.

A study, National Health Expenditures, published in a recent edition of the *Social Security Bulletin,* noted that the $104.2 billion health care bill represented a 10.6% increase over the $94.2 billion spent in fiscal 1973.

Public spending amounted to $41.3 billion, or 39.6% of the 1974 total, an increase of 15.3%, or $5.5 billion. Private spending—mainly private insurance and out-of-pocket payments—accounted for $62.9 billion, or 60.4% of the total health care expenditures for 1974. This was up 7.7%, or $4.5 billion, over fiscal 1973.

Despite the dollar increases, health spending remained at the 1973 proportion of gross national product—7.7%.

Health spending averaged $485 per person.

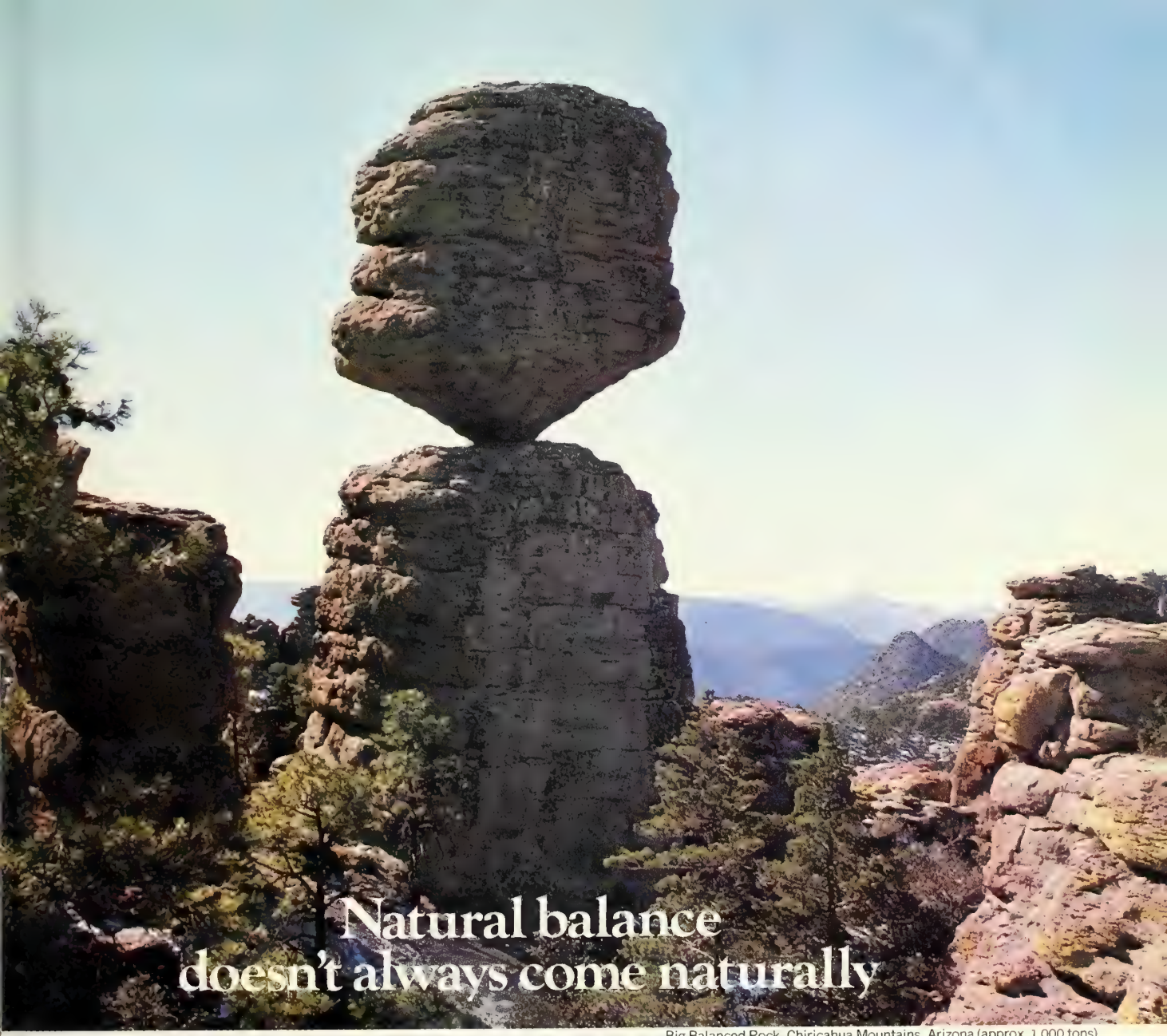
Hospital care was the largest expenditure category, amounting to $40.9 billion, or 39% of the total. Physicians' services accounted for $19 billion, or 18%.

Expenditures for nursing home care reached an estimated $7.5 billion.

Of all personal health care spending in 1974, the government accounted for 38%; private health insurance, 26%; and philanthropic organizations, 1%, out-of-pocket spending accounted for the remaining 35%. Increases in Medicare and Medicaid expenditures accounted for most of the increase in the public share of health care expenditures.

THE GOVERNMENT HAS ABANDONED a long fight to classify high potency vitamins as drugs, bowing to opponents of vitamin legislation in Congress. Vitamin products will be available over-the-counter in any strength less than toxic, according to Food and Drug Administration officials. The Agency had hoped to require drug classification for vitamins exceeding 150% of the recommended daily allowance. This and other proposed restrictions on vitamins had prompted a storm of protest to Congress from health food users and makers. The Senate last year voted 81 to 10 to prevent the FDA move. Court decisions had generally favored the FDA's right to impose restrictions on vitamin preparations, but the Agency recently decided to drop the hot potato. ◄

As a profession dedicated to the service of mankind, we must seek those changes in many basic medical procedures, services, and in some cases **attitudes** so that to whatever degree we may be part of this problem, we are also a cooperative part of its solution—**Governor Otis R. Bowen, M.D.**



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ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

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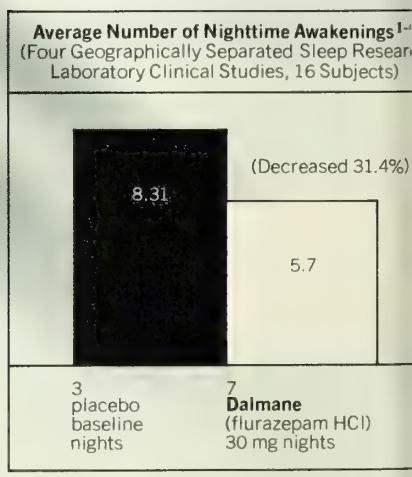
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Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

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ERENCES:

aracan I, Williams RL, Smith JR: The laboratory in the investigation of sleep sleep disturbances. Scientific exhibit at 24th annual meeting of the American hiatric Association, Washington DC, 3-7, 1971

ost JD Jr: A system for automatically yzing sleep. Scientific exhibit at the annual Clinical Convention of the rican Medical Association, Boston, 29-Dec 2, 1970; and at the 42nd annual ntific meeting of the Aerospace Medical ciation, Houston, Apr 26-29, 1971

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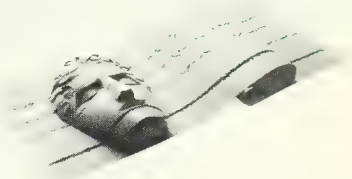
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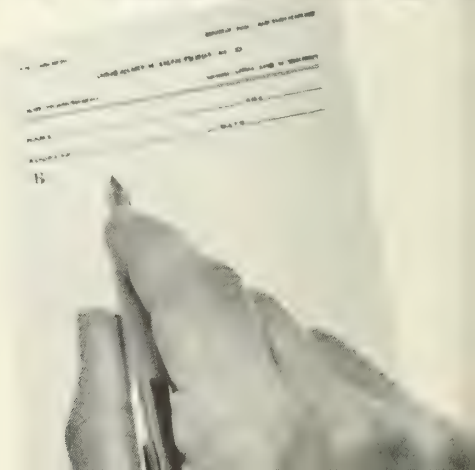
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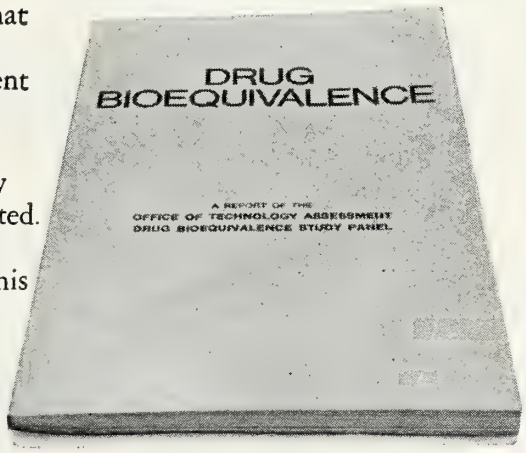
the weight of scientific opinion:

If the pharmacist substituted a chemically equivalent drug for the one you have specified for your patient—could you be certain of that product's safety and effectiveness simply because the chemical content was the same?

Definitely not, unless bioequivalence tests and other quality assurance checks had been conducted. The pharmaceutical industry and many scientists have maintained this position for years, but others have questioned it. Now the Office of Technology Assessment of the Congress of the United States has reported on the issue in its Drug Bioequivalence Study.*

Here are a few definitive statements in the O.T.A. report:

"...the problem of bioinequivalency in chemically equivalent products is a real one. Since the studies in which lack of bioequivalence was demonstrated involved marketed products that met current compendial standards, these documented instances constitute unequivocal evidence that neither the present standards for testing the finished product nor the specifications for materials, manufacturing process, and controls are adequate to ensure that ostensibly equivalent drug products are, in fact, equivalent in bioavailability.



"While these therapeutic failures resulting from problems of bioavailability were recognized and well documented, it is entirely possible that other therapeutic failures and/or instances of toxicity that had a similar basis have escaped attention."

The Pharmaceutical Manufacturers Association supports federal legislative amendments that would require manufacturers of duplicate prescription pharmaceutical products, subject to new drug procedures, to document:

(a) chemical equivalence; and

(b) biological equivalence, where bioavailability test methods have been validated as a reliable means of assuring clinical equivalence; or

(c) where such validation is not possible, therapeutic equivalence.

In addition, the PMA supports federal legislation that would require certification of all manufacturers of prescription products before they could start in business, annual inspections and certification thereafter, and strict adherence to FDA regulations on good manufacturing practices.

The overall quality of the United States drug supply is excellent. But only a total quality assurance program, envisaged in these and other policy positions adopted by the PMA Board of Directors in 1974, can bring about acceptable levels of performance by all prescription drug manufacturers and thereby assure the integrity of your prescription...

P·M·A
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1155 Fifteenth Street, N.W.
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*Copies of the complete report on Drug Bioequivalence may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 68—May 1975—Number 5

Two thousand five hundred unselected clinic patients were subjected to lipid studies including plasma triglyceride determinations and serum cholesterol levels and lipoprotein paper electrophoresis. Forty-two percent of the patients were found to have lipid abnormalities: 29% had Fredrickson Type II and 12% had Fredrickson Type IV. These studies indicate (1) a high incidence of lipoprotein abnormalities in outpatients seen in our clinic, and (2) that lipoprotein electrophoresis provides a useful clinical tool for evaluating hyperlipoproteinemia.

Hyperlipoproteinemia in a Clinic Population—Incidence in 2,500 Unselected Patients

JACK COLLINS, M.D.
PAUL CREASON, M.T.
MARILYN TODD CREASON, M.T.
Bluffton

Introduction

In 1954 Gofman et al. found that patients with coronary heart disease had significantly higher serum lipoprotein levels than in age-matched persons without coronary disease.[1] The separation of lipoproteins by paper electrophoresis by Lees and Hatch in 1963 and the classification of hyperlipoproteinemias into five classes (phenotypes) by Fredrickson, Levy and Lees in 1967 have provided the clinician with a more rational and specific approach to the diagnosis and treatment of these lipid disorders than had previous classifications.[2,3] The Fredrickson phenotypes were based primarily on studies of selected patients and their families, with ultracentrifugal analysis used for confirmation of the phenotypes. The most common of the lipoprotein abnormalities, Fredrickson Types II and IV, however, could usually be identified by the use of serum cholesterol and plasma triglyceride measurements combined with the observance of the fasting serum.[4] Paper electrophoresis, although not considered essential for the diagnosis or management, seemed nonetheless to offer an additional means for confirmation of the hyperlipoproteinemia type.

We initiated this study to ascertain the prevalence of hyperlipoproteinemias in a large general clinic outpatient population. Twenty-five hundred unselected outpatients were studied by thorough history and physical examination, serum cholesterol and plasma triglyceride determinations and serum lipoprotein paper electrophoresis. A high incidence of hyperlipoproteinemia (42%) was found.

From the Caylor-Nickel Clinic-Hospital, Bluffton 46714.

Methods

1. Clinical

This outpatient population has been studied previously and comprises approximately one-third factory workers, one-third white collar workers/executives, one-third housewives, and a small number of agricultural and professional persons.[5,6] Two thirds of the population reside outside the county in which the Clinic is located, with towns and small cities representing the majority of the patients' residential locales.

Each of the 2,500 patients was fasting (12-14 hours) and received a thorough history and physical examination by an internist. Notation was made of the presence or absence

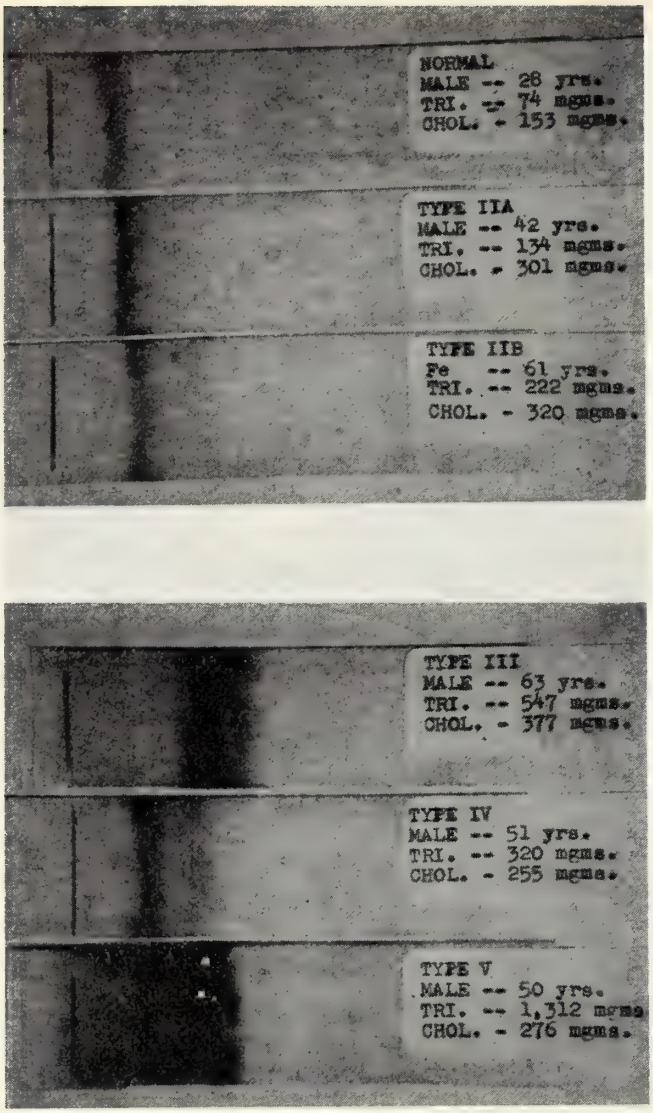


FIGURE 1.
Examples of Normal and Abnormal Lipoprotein Electrophoretic Strips and Corresponding Lipid Values.

of diabetes mellitus, hypertension and coronary heart disease in each patient and members of the patient's family. Each patient received a chest roentgenogram and a standard 12-lead electrocardiogram. The laboratory work consisted of a routine complete blood count and an SMA 12/60 chemical screen which included a fasting glucose determination. A glucose tolerance test or post-prandial blood glucose determination was done on only a very limited number of patients at the discretion of the examining internist. Lipoprotein electrophoresis and triglyceride analysis were done on aliquots of a fresh serum sample. An additional aliquot was stored at -10 C for subsequent cholesterol analysis.

2. Laboratory

Cholesterol levels were determined by the Abell-Kendall method and triglyceride levels were measured by the automated fluorometric method of Kessler and Lederer as modified by Block and Jarrett.[7,8,9] The foregoing determinations were classified as normal if they fell within two standard deviations of the mean, or elevated abnormally if they exceeded the mean by two standard deviations. The normal range of values is summarized in Table 1.

The upper limits of normal for serum cholesterol were similar to the values given by other investigators using these chemical procedures.

TABLE 1
Serum Levels of Triglycerides and Cholesterol in 1,448 Clinic Patients with Normal Lipoprotein Electrophoretic Patterns

Sex	PATIENTS Age*	No.	TRIGLYCERIDES** Range		CHOLESTEROL** Range	
MALE	10-29	96	12-138	(73 ± 2 SD)	93-232	(163 ± 2 SD)
	30-39	98	22-138	(80 ± 2 SD)	137-260	(198 ± 2 SD)
	40-49	138	27-152	(89 ± 2 SD)	130-269	(199 ± 2 SD)
	50-59	149	21-159	(90 ± 2 SD)	135-280	(207 ± 2 SD)
	60-	188	25-160	(91 ± 2 SD)	130-305	(217 ± 2 SD)
FEMALE	10-29	159	7-122	(66 ± 2 SD)	115-241	(173 ± 2 SD)
	30-39	145	11-131	(71 ± 2 SD)	134-251	(192 ± 2 SD)
	40-49	158	17-139	(78 ± 2 SD)	130-266	(198 ± 2 SD)
	50-59	148	25-151	(88 ± 2 SD)	148-292	(220 ± 2 SD)
	60-	169	24-165	(102 ± 2 SD)	126-309	(232 ± 2 SD)

* = years
** = mg per 100 ml

Our upper normal value in the older group was slightly lower (10 mg per 100 ml) than the values given by Fredrickson.[4] The female patients had lower triglyceride values (11 mg per 100 ml) compared with males in the age group below 50 years, with the cholesterol values being only slightly lower.

Paper electrophoresis for lipoproteins was done using the method of Lees and Hatch.[2] Each paper strip was observed for the presence or absence of pre-Beta lipoprotein and increased Beta lipoprotein bands. Each patient was phenotyped by qualitative evaluation of the electrophoretic strips and quantitative measurements of serum cholesterol and plasma triglyceride levels. Examples of both normal and abnormal lipoprotein electrophoretic strips and corresponding lipid values are presented in Figure 1.

Results

Lipid studies

Of the 2,500 patients studied, 1,448, or 58%, had normal serum levels of triglycerides, cholesterol and lipoprotein electrophoretic patterns (See Table II). One hundred fifty two patients, or 42%, were found to have elevated serum cholesterol and/or triglyceride concentrations and abnormal lipoprotein electrophoretic patterns using our criteria. These data are shown in Table III.

Of the 1,052 abnormal patients studied, 722, or 68%, were classified as Type II. This group was subdivided into Type II-A (430 patients with a mean serum cholesterol value of 285 mg per 100 ml and triglyceride concentration of 94 mg per 100 ml) and Type II-B (292 patients with a mean serum cholesterol of 292 mg per 100 ml and a triglyceride of 162 mg per 100 ml). Thirty-one patients (1% of the total 2,500 patients) appeared to have the Fredrickson Type III phenotype based on lipoprotein electrophoresis, with a mean serum cholesterol of 322 mg per 100 ml and triglycerides of 300 mg per 100 ml. (However, because ultracentrifugal analysis was not used for confirmation, any or all of these patients may well have belonged in Type II-B).

The Fredrickson Type IV abnormalities were identified in 292 patients. (Mean serum cholesterol, 230 mg per 100 ml; mean serum triglyceride, 246 mg per 100 ml.) Several patients were found to have Fredrickson Type V abnormalities based on the chemical values, appearance of the serum after overnight storage (4 C) and lipoprotein electrophoretic pattern. The mean serum triglyceride value was 1,594 mg per 100 ml and the mean serum cholesterol was 455 mg per 100 ml.

TABLE II
Distribution of Hyperlipoproteinemia in Patients*

TOTAL	NORMAL		ABNORMAL	
No.	No.	Per cent	No.	Per cent
2,500	1,448	58%	1,052	42%

*Based on serum triglycerides and cholesterol values and lipoprotein electrophoresis

Discussion

Hypercholesterolemia has been associated with increased incidence of coronary heart disease, not only in the familial form, but in the general population, as shown by epidemiological studies.[10,11,12] More recently, the presence of elevated blood lipids has been further classified as specific hyperlipoproteinemias in order to define the risk of coronary heart disease with its manifestations. Such classification provides the clinician with more specific guides to treatment.[3,4,13]

In 1954 Gofman et al. separated cholesterol, phospholipids and the glyceryl esters ultracentrifugally and classified the lipoproteins accordingly.[1] However, the procedures were expensive and difficult to perform and, therefore, outside the realm of most clinical laboratories. The introduction of lipoprotein electrophoresis and the phenotypic classification of the hyperlipoproteinemias by Fredrickson et al. provided impetus to the study of the hyperlipidemias.[2,3] Subsequently, it became possible to separate a group of patients who showed serum lipid abnormalities from the normal population and this group could be

TABLE III
Distribution of Serum Triglycerides, Cholesterol and Frederickson Phenotypes in 2,500 Clinic Patients

	LIPOPROTEIN TYPE	NO. OF PATIENTS Total	Male	Female	PERCENT OF TOTAL PATIENTS	TRIGLYCERIDES* Male	Female	CHOLESTEROL* Male	Female
NORMAL		1,448	669	779	58	86	79	200	201
	I	0							
	II	722			29	127	117	279	285
	A	430	151	279	17	94	94	282	287
ABNORMAL	B	292	155	137	12	159	164	276	281
	III	31	15	16	1	291	308	310	333
	IV	292	180	112	12	249	244	227	233
	V	7	4	3	<1	>1,000	>1,000	>350	>350

* = mean mg per 100 ml

further subdivided into specific types of hyperlipoproteinemia.

Hyperlipoproteinemia is quite common in our clinic population. We observed an incidence of 42% lipoprotein abnormalities in 2,500 patients. Twenty-nine percent of our total number of patients studied were classified as Fredrickson Type II (17% were II-A, 12% were II-B) 12% as Fredrickson Type IV, 1% as Fredrickson Type III and a few cases (<1%) as Type V.

Studying 134 patients with angiographically proven coronary occlusive disease, Heinle et al. found that 54% had a lipoprotein abnormality, in comparison to our finding of 42% on unselected clinic patients.[12] Heinle et al. further observed that 25% of their patients could be categorized as Fredrickson Type IV whereas 12% of our subjects were of this type. Both studies found comparable numbers of Fredrickson Type II patients. Wood et al. observed on the basis of studying 997 patients who were clinically "normal" (free of atherosclerotic disease by their criteria) an incidence of 8.6% Fredrickson Type IV and of 3.7% Fredrickson Type II.[15] However, these investigators considered the upper extreme of the normal range for serum cholesterol to be 275 mg per 100 ml for all age groups (normal values for this study are listed in Table 1 and are only this high for patients age 50 or older). This probably accounts in part for their lower incidence of the Fredrickson Type II phenotype as compared with our incidence. Brown and Daudiss studying a group of 490 female and 811 male unpaid blood donors, observed an overall prevalence of Fredrickson Type II phenotype to be 9.6% and, for Fredrickson Type IV, 11.9%.[16]

Sixty-two percent of our unselected clinic patients with the Fredrickson Type IV phenotype were males and 38% females. This confirms the observation by Brown and Daudiss that the male to female ratio was elevated (3.2:1.0).[16]

Studies of free-living populations revealed that the prevalence of Fredrickson Type II hyperlipoproteinemia was comparable in males and females.[12,15,16] We found similarly 58% of the patients with Fredrickson Type II hyperlipoproteinemia were female and 42% male.

We are impressed with this high incidence of disease. Having acknowledged the prevalence of the hyperlipoproteinemia in our clinic population, we are proceeding to develop methods of follow-up analysis, therapeutic adaptation and maintenance, and the monitoring of various associated clinical parameters. Our primary goal in continuing to analyze this disease complex is to facilitate its recognition in order to more readily and accurately initiate appropriate treatment.

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◄

More than 30 national specialty societies helped the AMA develop a model screening criteria format for PSROs. The model format and criteria were sent to state and county medical societies, specialty societies, conditional and planning PSROs, and hospitals in April. The criteria are designed to serve as reference points for physicians in developing criteria for local PSROs and to assist in review processes of hospital admission certification, continued stay review, and care evalua ion studies. Funding for the project comes from HEW.

Harold D. Caylor, M.D.



HAROLD Delos Caylor, son of Dr. Charles E. Caylor and Bessie Feree Caylor, was born in Nottingham, Ind., in southern Wells County, August 19, 1894. At that time, Nottingham was a booming oil town surrounded by oil leases and pumping wells. Now a ghost town, Nottingham in the 1890s teemed with wildcatters, roustabouts, teamsters and pump tenders who were paid the fantastic salary of $60.00 per month for a 12-hour-day, seven-day week.

The son of a physician, Dr. Charles E. Caylor had graduated from the Kentucky School of Medicine, now the University of Louisville, and opened his medical practice in Nottingham because the town needed a doctor, and he needed an immediate income for his new family. Dr. Caylor was busy from the first minute he opened his doors. As a "horse and buggy doctor" he was away from home much of the time because his practice covered 50 or 60 square miles. He attempted to do his surgery in the morning, see patients in the office in the afternoon, and make his calls in his Storm King buggy at night, often accompanied by one of his sons. Since the horse knew the way home, the doctor often managed to catch a few hours of sleep in the buggy before the horse stopped at his own barn door.

All of this changed in 1904 when the family got its first automobile. Young Harold became intensely interested in automobiles, because if one operated a car on the unpaved, unmarked roads which had no garages or filling stations, one had to be prepared to make major repairs. Harold became the family mechanic at an early age.

That first car was a 46 horsepower, 1-cylinder Oldsmobile; the second was a Simplo with high buggy wheels, a 2-cylinder opposed, air-cooled engine with a friction transmission. After a succession of Buicks, Studebakers, and Dodges, the Model T became the standard family transportation. However, these cars weren't used for pleasure, but to replace the horse and buggy in making house calls.

Because there were no formal training programs in surgery at this time, Dr. Charles Caylor attended short postgraduate courses in Chicago, or New York, and went to observe at the Mayo Clinic for a couple of weeks each year. In 1912, he went to London to observe Sir Arbuthnot Lane using his Lane plate to treat fractures.

A doctor's office in those days was equipped with an examining table, blood pressure apparatus, a few surgical instruments, and an assortment of drugs, since doctors on house calls did their own dispensing. Unusual for the time was the laboratory and the incubator for growing cultures. Dr. Caylor did hernia repairs, hemorrhoidectomies, abdominal surgery, repaired fractures; he also did traumatic surgery and deliveries. Chest surgery was out of the question, because technics for chest surgery had not been developed.

After one of these annual visits to the Mayo Clinic, Dr. Caylor announced at the dinner table one night that "if they can do that in Minnesota, why can't we try to do that in Indiana?" By now the family had moved to Pennville, and the first "hospital" was begun in 1907, financed personally by Dr. Caylor. Harold, age 13, was the second patient, when he had an appendectomy done by his father.

When Harold was in high school, many of the boys were going to New Castle to work in the Maxwell-Brisco automobile factory, and Harold wanted to do this, too. Dr. Caylor's counter offer was to buy an old cement block factory with an attached gravel pit and put his sons to work making cement blocks and selling gravel. The business grew, and by the time Harold graduated from Pennville High School with his class of 13, the factory employed several men and had put in a line of cement tile.

Harold entered Indiana University in 1912 as a premedical student. At this time there were about 1,200 students and the campus consisted of the original U-shaped quadrangle. The pump house was the center of activity. Harold became a member of Wranglers, a local club which became Delta Upsilon fraternity. The school was small enough that Harold knew most of the students.

The Flexner report had a profound effect on medical education at this time. Literally dozens of medical schools closed because they did not meet acceptable standards, according to the committee. Many of these substandard schools were proprietary institutions, the professors often local practitioners, and emphasis on laboratory experience and clinical teaching was lacking. Many of the subjects were taught didactically, and some medical schools taught anatomy without giving students an opportunity to acquire practical experience. One institution was teaching pathology without the use of a microscope.

Earned M.D. Degree at Rush

Since much of the rapid progress of the science of medicine had occurred in Germany, a reading knowledge of German was required to enter medical school. After attempting to enter Northwestern and being told that he would need additional undergraduate work, Harold called the dean of the University of Chicago, Dr. Harry Gideon Wells, and was accepted without further premedical courses at Chicago University Medical School. At that time, the Rush Medical College was affiliated with the University of Chicago, so Harold attended the University of Chicago on the south side for two years and completed his work for his M.D. at Rush on the west side of Chicago.

During World War I, all medical students were automatically taken into the army in the Enlisted Reserve Corps. Rush Presbyterian Hospital was designated as Base Hospital number 13, but fortunately the War ended in 1918.

This was a period of rapid advance in medical knowledge and teaching. Blood transfusions were being given by collecting blood in an open paraffin-coated receptacle from the donor's vein and transfusing it directly to the recipient's vein. Harold saw his first blood typing and transfusion as a student at Rush. The advent of citrate as an anticoagulant greatly facilitated the process.

Since pathology was making rapid scientific advances, the chance to do postmortems at the Cook County Hospital Morgue for Dr. E. R. LaCount gave a student a superior opportunity to learn. Dr. Harold did this for nine months, and the routine required being at the morgue at 4:30 a.m. and doing the posts (which averaged 180 a month) and then going to medical school in time for 11:00 a.m. classes. Drs. George and Gladys Dick had worked together as pathologists, and Dr. Gladys Dick had contracted scarlet fever during a postmortem. She wanted an assistant to do the postmortems for her at St. Luke's Hospital, so Harold moved to St. Luke's and commuted to Rush for his senior year.

Endotracheal anesthesia made chest surgery a real possibility. Until that time, the only approach to the thorax was to produce pleural adhesions and operate within that area. A hole into the chest with a sucking pneumothorax was fatal.

The common diseases at this time were the acute infectious ones: Typhoid fever, scarlet fever, pneumonia, diptheria, tuberculosis. Malaria was becoming uncommon, but patients had ulcers, and Dr. Sippy at Rush was developing his treatment at this time. Dr. James B. Herrick was on the faculty of Rush Medical College and he was famous for his clinical description of myocardial infarction, one of the first in medical literature.

Commuting by elevated train during the winter of 1917-18 was a strain, for this was an especially cold and snowy winter, and Harold developed a "cold" and cough which persisted.

As a surgical intern on the Bevan service at Presbyterian Hospital in Chicago, Dr. Harold learned that he had tuberculosis, almost an occupational disease of medical students and physicians. After six months in a sanitarium at Ottawa, Ill., and another year at home, Dr. Harold was married to Ella Cary, his high school sweetheart, in 1919. Returning to complete his internship at the Evanston Hospital, he contracted influenza from a patient and again broke down with active tuberculosis. After five months in bed and a winter in Florida, Dr. Harold went to the Mayo Clinic as a special student in 1921. By this time, Dr. Charles Caylor had moved his practice to Bluffton. Dr. Harold returned to Indiana in June 1922, and worked with his father. In June 1924, Dr. Truman returned from his internship to join Drs. Charles and Harold in practice.

Offered Position at Mayo Clinic

The opportunity to get more training came in that year when Dr. A. C. Broders of the Mayo Clinic offered Dr. Harold a position in surgical pathology. During the five years at the Mayo Clinic, Dr. Harold also had the opportunity to work at the Experimental Institute with Dr. Frank Mann in experimental surgery.

The Mayo Clinic, then as now, had many eminent men. Dr. E. Starr Judd, Dr. Sistrunk, Dr. Rankin, and Dr. Pemberton were active. Dr. Balfour had had a bout with tuberculosis, so he was not as active as he had been. The Mayo brothers, of course, set the style of the institution, and Dr. Plummer also left his mark. Dr. Bargen, who had been a classmate at Rush, became an intimate friend.

The stock market crash in 1929 was a part of a worldwide depression. Banks began to close, people were thrown out of work, and banks began to try to stay solvent by foreclosing mortgages. This was a time of personal upheaval for Dr. Harold, too. His father had been op-

erated on for appendicitis and was found to have cecum lignum.

The practice in Bluffton had grown, and Dr. Harold did not see how he could realize his own ambition to do surgery without great personal sacrifice if he stayed at the Mayo Clinic. By this time, his family had been increased by the birth of his two daughters, Rebecca and Patricia. In the autumn of 1929, he returned to Bluffton and entered practice with his father and brother.

Patients were not a problem, there were plenty of them, but sick people often could not pay their bills, and the Clinic had its own bills to pay. There were weeks when there was no money to take home after the employees had been paid, and the Clinic subsisted on money borrowed on the physicians' life insurance.

A personal satisfaction to Dr. Harold was being accepted by the College of Surgeons in 1936, and being certified by the American Board of Surgery by examination in 1940.

The Clinic was growing—first when Dr. A. C. Nickel, also Mayo-trained, joined the group, and then with the addition of other qualified men who were interested in group practice. The first hospital construction was completed in 1940. Now, in 1975, the group consists of 41 physicians, a 6-story clinic building and a 184-bed hospital which has been approved by the Joint Commission on Hospital Accreditation.

In Dr. Harold's opinion, the practice of medicine is the opportunity to serve people. He subscribes to his father's philosophy, which was, if you practice medicine as well and as hard as you can, everything else ought to take care of itself. Although, as things get complicated and money becomes more important, time and effort must be spent on finance. One has to have patients and one must have money to take care of them.

Ella Cary Caylor, his wife of 49 years, died in 1969. In 1972 Dr. Harold was married to Henrietta Noe Lee.

A boating enthusiast, Dr. Harold enjoys spending time on his boat. He also enjoys traveling and photography. Reading and contributing to the medical literature have been persistent interests, and he says that he tries to "keep up" by attending medical meetings and reading medical journals every day. ◄

From THE JOURNAL 50 Years Ago

We have, as is stated by Barnes in his monograph on the tonsils, no certain knowledge of the function of the tonsils. There are various theories concerning tonsillar function but most of the theories are mere speculations and not founded upon a knowledge of the histologic structure of tonsillar tissue. The tonsils are lymphoid in character and they possess no true glandular structure. Therefore, they do not absorb the products of salivary digestion, secrete mucus that aids deglutition, nor do they secrete an amylolitic ferment. Furthermore, clinical evidence shows conclusively that the tonsils can have no internal secretion, at least none that is peculiar to themselves, for no case has been reported in which a tonsillectomy has been followed by symptoms which might be attributed to the loss of such a secretion. If the tonsils have an internal secretion it is one common to all lymphoid tissue of the body and, therefore, is of little importance from a practical standpoint.

The identity of the histologic structure of the tonsils of the lymphatic glands of the body has given ground for the theory that the tonsils are organs of protection against bacterial infection. Thus the propounders of this theory believe that the tonsils would delay the spread of infections which take place distally to them. It attributes to the tonsils a protective power to the organism, not only to the bacteria within their own crypts but also those which enter through the nasal mucosa. However, clinical experience seems to show that whatever the power of the tonsils may be in this particular they are very often inadequate to prevent infection taking place or in limiting such infection to their own tissues.

The theory that the tonsils act as eliminating organs during the common, acute infections is not well borne out, for the tonsils and the other lymphoid nodules of the pharynx are extremely susceptible to the infections that have entered the blood stream. . . .

Patients should not be allowed to suffer the ill effects of chronic toxic absorption, or of recurring acute attacks of tonsillitis when a simple enucleation is all that is necessary to give them complete relief. However, no patient should be put through a needless operation which a more careful study of the individual case might obviate.
—Editorial, **JISMA**, May 1925.



Truman E. Caylor M.D.

DR. and Mrs. Charles Caylor moved from Nottingham, Indiana, to Pennville, Ind., in 1897 to go into medical partnership with Dr. M. S. Horn. Truman E. Caylor was born there in 1900. The ground floor of a two-story building was rebuilt to use as a medical office. Later, the second floor was available and remodeled, resulting in outpatient, inpatient, and surgical facilities available to the patients within the same building. Early memories include meals in the hospital kitchen, the family car and/or ambulance in the basement garage, and the hospital and operating room on the second floor.

The family included his parents and older brother, Harold, all of whom enjoyed working together for a common goal. There had been a long tradition of service and hard work in the family. Truman's grandfather, David, was both physician and minister; his father taught school before studying medicine; and his mother, despite no formal training, showed ability in administration, nursing, bookkeeping and homemaking.

Truman developed multiple interests early and wired houses for electricity after it became available in 1912. By the time of his graduation from a consolidated high school in 1917, Truman had earned enough money to purchase a motorcycle which he took with him when he went to Bloomington in the fall to attend premedical classes. After two years, he continued his degree at the University of Wisconsin on the advice of his father, who had consulted colleagues who graduated from the University of Wisconsin and recommended its premedical curriculum. Meanwhile, the family moved to Bluffton with the establishment of the County Hospital and the coming of the railroad to Bluffton.

In 1921 Truman graduated from the University of Wisconsin and entered Rush Medical College. He married Julia Gettle in 1922. The three Caylor children, Carolyn, Charles and Constance, were born while the family lived in Chicago. After an internship at the Evanston General Hospital in Evanston, Ill., Dr. Truman returned to join his father's medical practice in Bluffton in 1924.

In 1926 the local bank closed and the economic depression of that period began in Wells County. By 1929, his brother, Dr. Harold, had returned home to join the practice after a serious illness and after working five years in surgical pathology at the Mayo Clinic. Dr. Harold's experiences there were invaluable to the group.

Dr. A. C. Nickel joined them after working in the field of experimental bacteriology at the Mayo Clinic. Despite difficult financial times, Dr. Truman recalls his father saying, "Never quit trying," advice which he believes important not only then but throughout his life and the clinic's development. In 1938 the clinic saw the need for a hospital and it was built and opened in 1940. There have been multiple additions to the medical staff and hospital beds and another addition is to be started in 1976.

Dr. Truman enjoyed general surgery and obstetrical care primarily in his early practice. Dr. Truman's interest in urology, which he currently practices, came from the necessity of having someone knowledgeable in this field. He found it intensely interesting and has pursued this subspecialty since then.

Also, he believes that the development of the medical partnership administered by an elected board of physicians was a significant advance in the practice of medicine in Bluffton. Personally, he considers that this provides the impetus for physicians to grow in their care of the sick and for a clinic to grow in its service to the community. For him there is no way of living as fulfilling as the practice of medicine.

"A physician's work is to help people not only through his knowledge but through his kindness and consideration."

Asked if life had held any surprises, he said, "I didn't know when I was younger that the individual who can take the most guff without getting upset will fare the best." Dr. Truman enjoys golf, hunting, sailing, photography, traveling and automobile lore. He is a past district governor of Rotary, a member of a Yokefellow group—a religious organization—and a director of the Yokefellow Institute at Richmond, Ind., for more than 15 years, and is currently a director of the Mutual Security Life of Fort Wayne and of India Fellowship, Inc. at Earlham College. Julia Gettle Caylor died in 1959. Dr. Truman married Eva Abbott in 1961. In addition to his membership in the American Medical Association, the Indiana State Medical Association, and the Wells County Medical Assoication, Dr. Truman values his membership in the American College of Surgeons, the American Urological Society and the American Geriatrics Society.

Dr. Truman's son, Dr. Charles, joined in the practice of urology at the Caylor-Nickel Clinic-Hospital in 1950. His grandson Steven said of him: "His life has grown around the practice and ethics of medicine like a tree shaping itself to the house next to which it was planted." ◄

Continuing Medical Education

Physician Winners

The following Indiana physicians have received the AMA Physician's Recognition Award within the past few months:

Drs. Lawrence E. Allen, Anderson; Eliseo T. Banguis, Shelbyville; Ernest R. Beaver, Rensselaer; Robert O. Bethea, Farmersburg; John P. Calhoon, Brownsburg; William A. Clunie, Huntington; Kumpol Dennison, Crown Point; Davis W. Ellis, Rushville; Thomas A. Felger, Fort Wayne; Pierre J. Fisher, Marion; Thomas A. Gehring, Merrillville, and William J. Gray, Anderson.

Also, Drs. N. F. Hansen, Valparaiso; Charles M. Hatcher, Columbus; Robert Lee Hillery, Fort Wayne; William V. Johnson, New Albany; Jerry L. Knight, Indianapolis; Edgar Kourany, Mooresville; Yng Cherng Lin, Warsaw; John W. Luce, Michigan City; Dan L. McCaslin, Fort Wayne; Jerome E. Melchior, Vincennes; Isaac N. Mitre, Terre Haute; Carl Albert Nelson, West Lebanon; Augusto J. Nuval, Terre Haute, and Chas. Chieh-Ming Pan, Fort Wayne.

Other recent recipients are:

Drs. Ward E. Poulos, Indianapolis; Claude C. Reeck, Indianapolis; Donald B. Reid, Columbia City; Thomas J. Rusche, Evansville; Robert B. Sanderson, South Bend; David L. Spalding, Mishawaka; Harold E. Stadler, Indianapolis; Ralph W. Stewart, Vincennes; Victor A. Teixler, Indianapolis; Gerald C. Walthall, Indianapolis; Brockton L. Weisenberger, Columbus; John W. Woodall, Anderson; Barbara E. Workman, Muncie, and Joseph P. Worley, Indianapolis.

Those receiving the award in March are:

Drs. Amador A. Acosta, Gary; William S. Anderson, Anderson; Wendell E. Brown, Indianapolis; William Owen Brown, New Castle; Tom H. Ebbinghouse, Richmond; Robert W. Ewer, Evansville; Eugene M. Gillum, Portland; Jere D. Guin, Kokomo; Robert M. LaSalle, Wabash; Robert W. McCurdy, Anderson; John M. Paris, New Albany; Wayne G. Pippenger, Frankfort; Richard J. Purcell, Griffith; John D. Royer, Anderson; Jerald E. Smith, Munster, and William R. Wells, Princeton. ◄

Abstracts of Festschrift Papers

Presented at the Wells County Medical Society's Fall Conference, Nov. 16, 1974, Honoring Drs. Harold D. Caylor and Truman E. Caylor

CANCER OF THE THYROID: A 40-YEAR STUDY

Oliver H. Beahrs, M.D., Mayo Clinic, Rochester, Minn.

Cancer of the thyroid gland is made up of four types of tumors, each having a biologic behavior differing from that of the others. It is important that this fact be recognized since the behavior of the particular tumor not only dictates the extent of the surgical procedure, but also the prognosis.

Papillary adenocarcinoma, including mixed papillary and follicular, is the most frequently seen tumor (64%); next is follicular adenocarcinoma (16%). The third group is the medullary or solid with amyloid stroma (6%). Last is anaplastic adenocarcinoma (14%) which is made up of four different cellular types (large cell, small cell, sarcoma type, spindle cell). Occasionally, primary lymphosarcoma is found in the thyroid gland; and, infrequently, metastatic cancer from other anatomic sites.

Over 1,100 cases of cancer of the thyroid have been followed for up to 40 years. The differing biologic behavior of the four types of thyroid cancer must be recognized so that surgical therapy can be selective for each type. With favorable factors present the prognosis is good-to-excellent in all except anaplastic cancer.

MYOCARDIAL REVASCULARIZATION IN ACUTE MYOCARDIAL INFARCTION

John H. Isch, M.D., Walter W. Jolly, M.D., and Harris B Shumacker, Jr., M.D., St. Vincent Hospital, Indianapolis

Direct myocardial revascularization has dramatically altered the general management of arteriosclerotic coronary artery disease. Aortocoronary bypass grafting is recognized as excellent palliative treatment of chronic stable angina that is refractory to medical management as well as selected cases of accelerated or crescendo angina. Coronary revascularization has also been utilized in selected cases of acute myocardial infarction. Two cases are described in which acute myocardial infarction occurred while in the hospital and in which emergency surgery was performed. Both patients survived the operative procedure. The ischemic preoperative electrocardiographic pattern resolved in both patients and both patients have remained angina free postoperatively. Selection of potential candidates for acute revascularization in patients suffering acute myocardial infarction without complications of malignant arrhythmias or cardiogenic shock is recommended.

SURGICAL THERAPY OF GENETIC DISEASES

Charles E. Jackson, M.D., Director of the Genetic Section, Henry Ford Hospital, Detroit, Mich.

For a meeting honoring Drs. Harold and Truman Caylor, this topic is especially appropriate because of the many contributions each has made to surgery in his practice and to genetics in their sponsorship of research in this field. Treatment of genetic diseases has been little emphasized in the past since they are often viewed as being untreatable. However, recessively inherited enzyme deficiencies such as phenylketonuria and galactosemia have been treated by substrate restriction and diseases such as the adrenogenital syndrome, hemophilia and cretinism have been approached by product replacement.

Although not usually considered in discussions of genetic disease therapy, many hereditary conditions are amenable to surgery—colon resection for polyposis, excision of acoustic neuromas, adenomas in hereditary hyperparathyroidism, pheochromocytomas and medullary thyroid carcinoma in the endocrine neoplasia type 2 syndrome, portocaval shunt in glycogen storage disease, splenectomy in certain hemolytic anemias, kidney transplantation in Fabry's disease and cystinosis, and carpal tunnel and vitreous surgery in hereditary amyloidosis. As our knowledge of genetics increases and newer ways are devised for the early detection of certain hereditary conditions, the importance of surgical approaches will come to be recognized in these diseases.

A METHOD OF CLOSED REDUCTION AND INTERNAL FIXATION OF FRACTURES ABOUT THE DISTAL RADIUS

L. Farrell Mock, M.D., Caylor-Nickel Clinic, Bluffton

During the past three years a total of 15 fractures about the distal radius have been treated by close reduction and Rush pinning at the Caylor-Nickel Clinic. Adequate followup has been obtained on 14 of these cases. It is felt that the advantages of this method over closed reduction and plaster fixation include:

1) Better maintenance of reduction, especially in the comminuted, unstable fracture;
2) Better wrist motion because of early mobilization of the wrist;
3) Earlier return to normal activity;
4) Fewer total followup visits because of the lack of cast-related problems, cast changes and removals;
5) Patients with bilateral fractures are able to be independent within a few days, rather than in several weeks.

Closed reduction with Rush pinning has been especially valuable in treating comminuted, unstable fractures, the reduction of which is almost impossible to maintain in plaster. In the management of bilateral fractures, it is unquestionably superior to all other methods of treatment.

ECHOCARDIOGRAPHY IN CORONARY HEART DISEASE

John F. Phillips, M.D., St. Vincent Hospital, Indianapolis

The use of reflected pulsed high frequency sound in the study of disorders of the heart and pericardium has increased strikingly during the past decade.

Correlation of echocardiographic findings with the physio-

logical and angiocardiographic information obtained by cardiovascular catheterization has permitted, in some instances, the firm diagnosis of the presence or absence of certain conditions without resorting to invasive procedures.

During the past three or four years, the application of echocardiography to the study of patients with coronary heart disease has been pursued. Studies have been performed in patients with chronic coronary heart disease manifested by angina pectoris and, more recently, in patients with acute myocardial infarctions.

The detection of segmental alterations of movement of the left ventricle has been quite important in patients with coronary heart disease. For example, lesions of the anterior descending branch of the left coronary artery commonly are associated with altered motion of the interventricular septum and lesions of the right coronary artery sometimes result in decreased posterior left ventricular wall motion. Evaluation of pain during the study of patients with acute myocardial infarction is important. There have been some parameters which appear to have prognostic significance in the patient with acute myocardial infarction.

ISOLATED HEPATOCYTES: A TOOL FOR STUDY OF HEPATIC PARENCHYMAL FUNCTION

Elizabeth L. Pruden, M.S., M.T., I.U. School of Medicine, Indianapolis

Isolated hepatocytes have been successfully prepared from livers of rats, mice, and chickens in high yield and by relatively simple technics. The suspensions obtained are almost purely parenchymal cells. Almost all the cells are able to survive in vitro—in appropriate media for several days—and to display in vitro those biochemical processes characteristic of their performance in vivo and in situ. Isolated hepatocytes, therefore, provide unique opportunities to study specific functions of the hepatic parenchyma. So far only animal hepatocytes have been used in such studies but the technics already developed might be applied to prepare human liver cells and to study intrinsic defects of parenchymal function.

CHANGES IN α-1-ANTITRYPSIN AND LIVER ENZYMES IN SURGICAL PATIENTS

R. L. Steckbeck, M.D., P. I. Bader, M.D., R. N. Matzen, M.D., W. D. Block, Ph.D. Caylor-Nickel Research Foundation, Bluffton; Department of Biochemistry, University of Michigan, Ann Arbor

Serum levels of α-1-antitrypsin (α-1-AT) (an hepatocyte product) vary because of polymorphic differences and in response to stress, e.g., infection, hormonal stimulus, trauma, surgery. The effect of anesthesia alone and the effect of surgical stress in the heterozygotic state has been determined. Changes in α-1-AT as determined by serum trypsin inhibitory capacity (STIC) were monitored in 28 surgical patients of Pi types MM, MS, MZ, FS, MX by preanesthetic (PRE), postanesthetic but presurgical (POST), surgical (SURG), 1 day postsurgical (1 PS), and 3 day postsurgical (3 PS) levels. Mean STIC levels in mg/ml were PRE: 1.50; POST: 1.37; SURG: 1.36; 1 PS: 1.99; 3 PS: 3.26. The mean 1 PS and 3 PS STIC levels differed significantly from other mean levels ($P<.05$). Of these patients, 10 who underwent surgery of the upper abdomen and received halothane were studied more intensively by obtaining blood samples for α-1-AT and liver enzymes (LDH, SGOT, SGPT, GGTP). GGTP (gamma glutamyltranspeptidase) followed a similar course to α-1-AT with mean values of 40, 34, 32, 40, 54 U. The mean SGOT and LDH indices peaked during surgery (56, 185 U) while mean SGPT peaked at 1 PS (66 U). Individual MZ heterozygotes showed marked variation in response to surgical stress. These results indicate that anesthesia alone does not elevate STIC levels, and that the effect of anesthesia with surgery is apparent on the first postsurgical day. Also elevation of STIC does not parallel the changes of SGOT, SGPT, LDH, but is similar to the GGTP rise. Finally Pi type alone does not dictate the degree of STIC elevation.

NATURAL HISTORY OF SEVERE PROXIMAL CORONARY ARTERY DISEASE AS DOCUMENTED BY CORONARY CINEANGIOGRAPHY

Joel S. Webster, M.D., Carl Moberg, M.D., Gustavo Rincon, M.D., Cleveland Clinic, Cleveland, Ohio

Studying the natural history of patients with severe proximal coronary arterial lesions may assist evaluation of coronary revascularization surgery. We reviewed the mortality statistics of 469 patients with 80 to 100% occlusive lesions in the proximal coronary tree as diagnosed by selective angiography. Only patients with normal or moderately impaired left ventricular function were included in the study; patients with severe cardiomegaly, congestive heart failure or severe left ventricular impairment by left ventriculography were excluded. Followup periods ranged from 6 to 11 years for 178 patients with single vessel disease, 177 with double vessel disease and 114 with triple vessel disease. Patients with isolated disease of the left anterior descending artery had a 4% average yearly attrition rate or a 6-year mortality rate of 25.5% (17 of 69). Those with isolated disease of the right coronary artery demonstrated only a 2.3% yearly attrition rate or a 14% mortality rate in 6 years (11 of 77). Patients with double and triple vessel disease had, respectively, 41.5 and 63% 6-year mortality rates.

Survival was related to the number of vessels involved. Patients with single vessel disease of the left anterior descending artery had a significant annual mortality rate. The prognosis improved when good angiographic collateralization was present, particularly in single vessel disease with total occlusion. Functional disability, classified according to the New York Heart Association criteria, was related to mortality rates and proved a useful indicator in large patient groups. Prior myocardial infarction, location of the lesion above or below the major septal perforator in left anterior descending artery disease, and left main trunk lesions did not alter the prognosis significantly.

PROBABLE FULMINATING INFLUENZAL PNEUMONIA

A. Waksman, M.D. Caylor-Nickel Clinic-Hospital, Bluffton

The clinical and pathological features of a case of fulminating hemorrhagic pneumonia occurring in an 11-year-old girl was presented. The clinical course was less than 24 hours, and death occurred about 8 hours after admission. The probable etiology is discussed on the basis of the anatomical and bacteriological findings available.

HYPERALDOSTERONISM RELIEVED BY POST-PHLEBOGRAPHY ADRENAL HEMORRHAGE

J. E. Umphrey, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 51-year-old white male suffered from hypertension and hypokalemia for a period of about 10 years. Peripheral plasma renin levels were normal. Spironolactone given at 400 mg per day while the patient was receiving normal amounts of sodium and potassium resulted in weight loss, normal serum potassium and sodium levels, and a somewhat lower blood pressure. Plasma aldosterone levels prior to saline infusion were five times normal levels. Saline infusion suppressed aldosterone to levels which were somewhat above normal but greatly reduced from the initial level. Adrenal phlebography was performed and tumor masses were visualized bilaterally in the adrenals resulting in a probable diagnosis of micronodular or hyperplastic adrenal hyperplasia. Furthermore, blood from the

left renal vein showed a low renin level. The patient developed symptoms of shock and flank pain during the procedure. Blood pressure, the serum potassium level and the serum sodium level returned to normal. This case represents the second instance of a hemorrhagic infarct of an aldosterone-secreting tumor that resulted in resolution of all symptomology.

THE CANDELABRA SIGN: BILATERAL UPPER LOBE BRONCHIECTASIS IN BOECK'S SARCOID

R. N. Matzen, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 61-year-old white female with no history of any chest illness prior to 1959 developed symptoms of fatigue, weakness of voice, mild cough and low grade temperature. A chest x-ray showed bilateral upper lung infiltrates, the tuberculin test was negative, and a scalene node biopsy presented the pathologic features of Boeck's sarcoid. One year of treatment brought no clinical improvement. Progressive dyspnea, wheezing and a productive cough developed. Radiological findings are scarring and fibrosis of the upper lung lobes, elevation of both hilum, and some increase in bronchial markings in the lower lung fields.

Bronchograms demonstrated extensive saccular bronchiectasis and uniform cystic areas in both upper lobes with associated marked retraction so that the two main bronchii assumed a symmetric downward convexity with pooled radiopaque material with air-fluid levels in each. The lower lobe bronchii affected by cylindrical bronchiectatic changes, appeared to descend like streamers. The PA view of the filled bronchial tree presented the silhouette of a suspended candelabra with symmetrical upward curving arms, supporting myriad "lights" and dependent crystal chains, suggesting the term "Candelabra Syndrome" (Fig. 1) for this unique x-ray picture of: (1) apical symmetrical and bilateral saccular bronchiectasis, with (2) elevated hilum with downward convexity of the main bronchii. This observation may be helpful in characterizing bronchiectasis secondary to endobronchial sarcoid.



FIGURE 1
The Candelabra Sign: Bilateral Upper Lobe Bronchiectasis in Boeck's Sarcoid.

ATYPICAL MULTIPLE POLYPOSIS OF COLON WITH CANCER

D. G. Pietz, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 51-year-old white female was seen March 1973 having a 10-day history of mild diarrhea, mucous and blood and a similar 14-day history 18 months previously. She had an anal fissure found on sigmoidoscopy and a normal barium enema during the initial attack.

Sigmoidoscopy revealed multiple friable folds without normal intervening mucosa beyond the 8 cm level and the BE was diagnosed as polyposis of the sigmoid. Biopsy reports varied between polypoid hyperplasia with inflammation and changes suggestive of, but not diagnostic of, ulcerative colitis. None of the findings or symptoms were modified by Azulfidine, prednisone or steroid retention enemas. An abdominal-perineal resection was performed and multiple sessile polyps averaging 2 cm long, 0.7 cm high, and 0.7 cm wide were found with the structures in the proximal sigmoid more closely resembling typical polyps. A very small adenocarcinoma with serosal involvement and one positive node adjacent to the bowel was also found.

No similar case is found in the literature. The atypical features were discussed.

SPONTANEOUS PNEUMOTHORAX

P. P. Mayock, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 38-year-old woman was admitted to the hospital with dyspnea aggravated by pneumothorax. Ten years earlier right nephrectomy had delivered a benign tumor of a type associated with tuberous sclerosis. Her 3-year-old daughter, epileptic and severely retarded, was under care for tuberous sclerosis; her mother at 35 years of age died with "brain tumor." Pleuropulmonary biopsy disclosed cystic lung changes of the tuberous sclerosis complex.

The non-neurologic, hamartial aspects of tuberous sclerosis were emphasized by Moolten in 1942. Thereafter, renal angiomyolipomas came to be recognized as one of its most frequent visceral expressions. By 1971, 34 patients with pulmonary involvement were reported with a notable preponderance in adult females. More recently, it has been suggested that lymphangiomyoma, about 30 cases in females exclusively (with one possible exception), may belong to the tuberous sclerosis complex.

This patient illustrates that in a kinship with manifest or suspect tuberous sclerosis the clinician need be alert to adults, especially women. Their renal tumors usually have a benign prospect, but those with diffuse pulmonary fibrosis, particularly if complicated by spontaneous pneumothorax or chylothorax may have a poor prognosis.

THE ADVANTAGES OF NON-INVASIVE TECHNICS

J. L. Eisaman, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

Echocardiography, vectorcardiography, and Doppler flow studies were utilized to diagnose several cases with the following diagnoses: mitral valvular insufficiency, prolapse of the posterior leaflet of the mitral value, aortic stenosis, hypertrophic subaortic stenosis, infarction of the posterior wall of the myo-

cardium. The advantages of these technics were discussed and related to the individual case reports.

EWING SARCOMA OF TIBIA METASTATIC TO THE LUNG WITH 22-YEAR SURVIVAL

P. C. Talbert, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

The case is of a male born 10-26-34, who was admitted to the hospital in February 1952, at the age of 17 years because of pain and tenderness in the proximal right tibia of seven months duration. Ewing sarcoma was discovered by biopsy. Amputation was performed. He received x-ray therapy to the lesion before amputation and to the right groin postoperatively. Pulmonary metastases were discovered on two occasions, the first five years after amputation, for which a right lower pulmonary lobectomy was done. The second metastasis was discovered in February 1963, in the left lower lung field, for which on March 5, 1963, wedge resection was accomplished. Since then there has been no evidence of recurrence, the last examination being in June 1974. It is now more than 22 years since his amputation and more than 11 years since the second of the two pulmonary resection procedures.

HUTCHINSON-GILFORD PROGERIA SYNDROME —A PROTOTYPE FOR STUDY OF AGING?

G.W.Merkle, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 23-year-old Caucasian female presented with most of the salient features of the Hutchinson-Gilford Progeria Syndrome including rudimentary teeth of delayed eruption; alopecia; thin and transparent skin; micrognathia with high-arched palate; flexion contractures of proximal and distal interphalangeal joints, elbows and knees; dystrophic nails; horse-rider's stance; spondylolisthesis with overriding of L_4 onto L_5; lack of subcutaneous tissue; periosteal thickening with increased trabeculation distally in the tibiae and laterally in the clavicles; a non-specific underdevelopment of femurs, tibiae, and fibulae; diverticulosis; hepatomegaly with severe fatty change of the liver; mild splenomegaly; mesenteric lymph node hyperplasia; elongated oviductal fimbriae; ovarian cysts. The patient is unique in that she has chronic recurrent peptic ulcer disease and menses.

Abnormal laboratory tests have included a persistent hypertriglyceridemia, hypocholesterolemia, hypoalbuminemia and hypoglobulinemia, but a broad hypergammaglobulinemia. The alkaline phosphatase has been persistently elevated. There is a persistent eosinophilia of 15-40% of the total white blood cell count, and a persistent blood loss anemia. Preliminary studies indicate that there is a decrease in DNA repair replication in peripheral leukocytes following ultraviolet irradiation. Some mechanical and procedural difficulties have precluded adequate evaluations to date, but it appears that it will be possible to successfully maintain skin fibroblast cultures for further study.

GRANULOMATOUS THYROIDITIS WITH HYPERTHYROIDISM

D. W. Meier, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 29-year-old white female presented who had developed pain in the throat, a swelling in the neck, chills, fever, pharyngitis, sweating, tachycardia, heat intolerance, dyspnea, hair loss, weight loss, and who noted that her contact lenses no longer fit. The physical examination revealed warm smooth skin; tenderness over sternocleidomastoid muscles; enlarged tender thyroid; systolic bruit; prominent eyes; sinus tachycardia with runs of ventricular tachycardia. Laboratory findings included low cholesterol and triglyceride levels, elevated T_3 and T_4 levels, no uptake on I_{130} at 24 hours, normal TSH. The diagnosis was toxic thyroiditis and corticosteroid therapy was instituted. Because she continued to lose weight and did not respond to therapy, a nearly total thyroidectomy was performed. The pathological diagnosis was granulomatous thyroiditis wtih extensive fibrosis. Although this disease can usually be managed medically, nearly total thyroidectomy may be helpful in the therapy of unusually severe cases.

HYPERSPLENISM IN LYMPHOSARCOMA

H. W. Lohmuller, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

J. W. D., a 70-year-old retired man presented with left upper abdominal pain, easy satiety and a mass in the left abdomen in 1968. Enlargement of the spleen to 13 cms below the left costal margin without lymphadenopathy or hepatomegaly was found. A mild to moderate anemia with mild leukopenia and thrombocytopenia were present with a bone marrow aspirate showing increased lymphoid elements. Inadequate response occurred with x-ray therapy and Leukeran and the patient was submitted to splenectomy with the removal of the spleen, weighing 2,570 grams. Since that time his blood count has returned to normal and the patient is asymptomatic. No evidence of recurrence of his lymphoma has taken place. A general review of primary lymphosarcoma of the spleen and hypersplenism were discussed.

MULTIPLE PRIMARY TUMORS

S. B. Kephart, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

Three female case histories with the following histological diagnoses are presented: 1) a 50-year-old with leiomyomata uteri, chronic cervicitis, fibroma of left ovary, carcinoid of the meso-appendix; 2) a 56-year-old with adenomatous and atypical hyperplasia of the endometrium, focal mucosal adenocarcinoma of the endometrium, leiomyoma, ductular adenocarcinoma of the left breast; and 3) 39-year-old with noninvasive carcinoma of the vulva and carcinoma in situ of the uterine cervix.

The involvement of several organ systems in independent neoplastic processes may provide evidence for a universal cellular change that predates the neoplastic change. DNA or RNA distortion in a normal cell may result in such a change that leads to antigenic changes of the cell surface. This is consistent with the observation of inflammatory changes within and around tumors and the increased incidence of neoplasia in immunologically depressed organisms.

CARCINOMA OF THE ESOPHAGUS

R. E. Graf, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

Carcinoma of the esophagus is one of the less common malignant conditions found in man. They are generally squamous cell in type but about 10% are adenocarcinoma. Overall five-year cure rate is about 4% but in selected cases may run as high as 20%. A case is presented which had surgical exploration, radiation therapy and chemotherapy. The patient died seven months after diagnosis as a result of an esophagogastric pericardial fistula.

STEVENS-JOHNSON SYNDROME FOLLOWING DIPHENYLHYDANTOIN THERAPY

W. O. Erxleben, Jr. M.D., Caylor-Nickel Clinic-Hospital, Bluffton

The Stevens-Johnson Syndrome represents the most severe manifestation of erythema multiforme and is characterized by diffuse bullous lesions of skin and mucous membranes as well as systemic toxicity in the form of malaise and fever. N. H., a 16-year-old white female, developed the Stevens-Johnson

syndrome 16 days following the onset of sodium diphenylhydantoin (Dilantin®) therapy. Treatment with systemic corticosteriods, intravenous fluids, cephalexin monohydrate and supportive nursing care resulted in recovery over a three-week period. Late manifestations of the illness included temporary loss of fingernails and toenails as well as minimal conjunctival scarring. There are 11 previously reported cases of Stevens-Johnson syndrome following diphenylhydantoin therapy. Although the syndrome may occur spontaneously, six previous cases of this illness have followed the onset of diphenylhydantoin therapy by 14-21 days—an unlikely occurrence by chance alone. Whether drugs induce the Stevens-Johnson Syndrome or enchance susceptibility to an infectious agent is unknown.

CALCIUM INTOXICATION SECONDARY TO HYPERPARATHYROIDISM

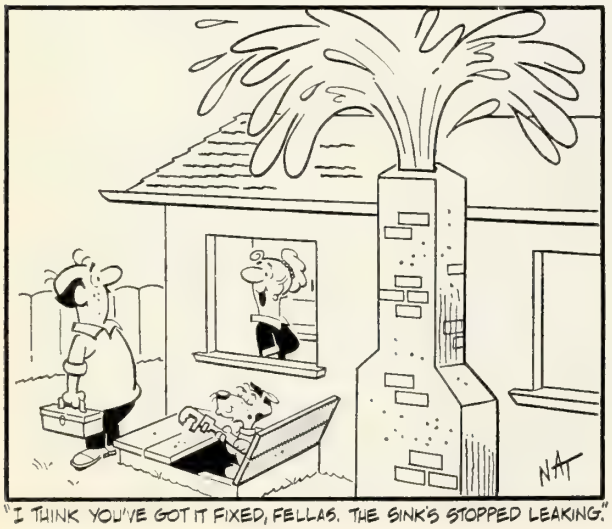
L. F. Bradley, M.D., Caylor-Nickel Clinic-Hospital, Bluffton

A 59-year-old white male presented with hypertension, nausea, vomiting, nephrolithiasis, hypercalcemia and with a history of myocardial infarction. The patient developed hypercalcemic crisis (serum calcium was 18 mg percent) for which he received hydration and surgical exploration of the parathyroid gland. A parathyroid adenoma was found in the inferior left pole of the gland. Postoperatively, the calcium level was normal and the patient has been asymptomatic. It is of interest that this patient, following coronary arteriograms, was considered too poor a risk for either coronary bypass or neck exploratory surgery at another good clinic. He is now doing well and has been working approximately two years since his post-parathyroid surgery.

G BANDING DIAGNOSIS OF GROUP E. TRANSLOCATION

P. I. Bader, M.D., Caylor-Nickel Research Foundation, Bluffton

An infant with the following physical findings characteristic of the Trisomy E. Syndrome was studied: A Giemsa banding technic allowed the diagnosis of translocation of a portion of Chromosome 18 onto another Chromosome 18. In addition, a normal Chromosome 18 was present. Because of this technic we were able to postulate the possible site of chromosome breakage and rearrangement. Other family members were normal and therefore this case represents a de novo translocation. ◄



"I THINK YOU'VE GOT IT FIXED, FELLAS. THE SINK'S STOPPED LEAKING."



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brand of
propantheline bromide

Indications: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer. Dosage must be adjusted to the individual.

Contraindications: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

Warnings: Patients with severe cardiac disease should be given this medication with caution. Fever and possibly heat stroke may occur due to anhidrosis.

Overdosage may cause a curare-like action, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted. Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

Adverse Reactions: Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

Dosage and Administration: The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

How Supplied: Pro-Banthine is supplied as tablets of 15 and 7.5 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co.
Medical Department, Box 5110, Chicago, Ill. 60680 481

"Antiacid" action for ulcer patients...

one of the many things you need in an anticholinergic.



Pro-Banthine is considered adjunctive in total peptic ulcer therapy that may include diet, conventional antacids, bed rest, and other supportive measures.

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"Antiacid" action—Pro-Banthine® (propantheline bromide) reduces gastric secretory volume and resting total and free acid.

"Analgesic" action—Pro-Banthine helps to control the acid-spasm-pain complex.

Vigorous anticholinergic action—Pro-Banthine® Vials, 30 mg., are for intramuscular or intravenous use when prompt and vigorous anticholinergic action is required.

Mild anticholinergic action—Pro-Banthine® Half Strength, 7.5 mg. tablets, for more exact adjustment of maintenance dosage in mild to moderate gastrointestinal disorders.

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(propantheline bromide)

a good option in peptic ulcer

In most cases of sustained moderate hypertension,

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usually offers more than effective lowering of blood pressure...





With ALDOMET (Methyldopa, MSD), existing renal function is usually unchanged

ALDOMET has no direct effect on renal function. When used in effective doses, ALDOMET usually does not reduce glomerular filtration rate, renal blood flow, or filtration fraction.

With ALDOMET (Methyldopa, MSD), cardiac output is generally unchanged

ALDOMET has no direct effect on cardiac function. When ALDOMET is used in effective doses cardiac output is usually maintained with no cardiac acceleration; in some patients the heart rate is slowed.



With ALDOMET (Methyldopa, MSD), symptomatic postural hypotension is infrequent

ALDOMET reduces both supine and standing blood pressure. Less frequent symptomatic postural hypotension is experienced with ALDOMET than with many other antihypertensive agents. Exercise hypotension and diurnal blood pressure variations rarely occur.

for sustained moderate hypertension

TABLETS, 250 mg and 500 mg

ALDOMET®
(METHYLDOPA|MSD)



a unique antihypertensive agent

Contraindications include active hepatic disease and known sensitivity to the drug. Use with caution in patients with a history of liver disease or dysfunction. Not recommended in pheochromocytoma or pregnancy.

It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

MSD MERCK SHARP & DOHME

For a brief summary of prescribing information, please see following page.

addendum

MSD MERCK SHARP & DOHME

to further simplify therapy for many patients

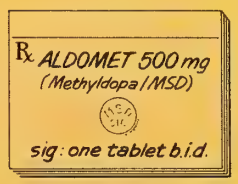
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ALDOMET® 500 mg
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- **often more practical to prescribe**
- **easier for patients to remember**

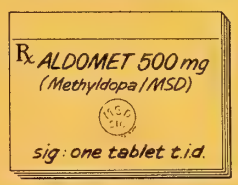
Now offered in addition to the standard 250-mg tablet, the new ALDOMET 500 mg tablet is a patient convenience. An especially important one, since in hypertension convenience of the dosage schedule is one factor that can make the difference in compliance of the patient. The minimum daily dose of ALDOMET is 250 mg b.i.d. The usual starting dose is 250 mg t.i.d. Dosage is adjusted as necessary by adding or deleting 250 mg or 500 mg at intervals of not less than two days. The maximum dose is 3.0 g per day.

Examples of b.i.d. or t.i.d. dosage convenience provided by ALDOMET 500 mg within the usual daily dosage range of 500 mg to 2.0 g:

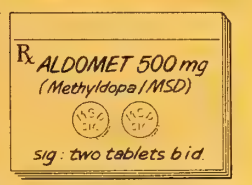
1.0-g daily dose =

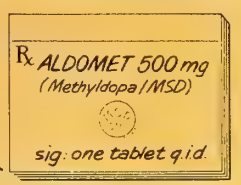


1.5-g daily dose =



2.0-g daily dose =





NOTE: Tablets shown are not actual size.

in sustained moderate hypertension

ALDOMET® (METHYLDOPA|MSD)

usually lowers blood pressure effectively



Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis. Known sensitivity. Not recommended in pheochromocytoma. Unsuitable in mild or labile hypertension responsive to mild sedation or thiazide therapy. Use cautiously in patients with history of previous liver disease or dysfunction.

Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between six and twelve months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at six and twelve months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first three weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first two to three months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first six to twelve weeks of therapy or whenever an unexplained fever occurs. If fever, abnormalities in liver function tests, or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, reversible reduction in leukocyte count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur.

Use in Pregnancy and Childbearing Age—Not recommended in pregnancy. In women of childbearing age, weigh potential benefits against possible fetal hazards.

Precautions: Methyldopa may interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, spuriously high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has occurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

Adverse Reactions: Sedation, usually transient, may be seen during initial therapy or when dosage is increased. Headache, asthenia, or weakness may be noted as early, transient symptoms. Symptoms associated with effective lowering of blood pressure are occasionally seen and include dizziness, lightheadedness, and symptoms of cerebrovascular insufficiency. Angina pectoris may be aggravated. Symptoms of orthostatic hypotension may occur; if symptoms occur, reduction of dosage is suggested. Bradycardia, nasal stuffiness, mild dryness of mouth, and gastrointestinal symptoms including distention, constipation, flatus, and diarrhea occur occasionally; these generally can be relieved by reducing dosage. Nausea and vomiting have been reported in only a few patients. Sore tongue or "black tongue," pancreatitis, and inflammation of salivary glands may occur.

Weight gain and edema occur infrequently and are relieved by administering a thiazide diuretic; if edema progresses or signs of pulmonary congestion appear, discontinue drug. A rise in BUN has been observed. Other rare reactions include breast enlargement, lactation, impotence, decreased libido, skin rash, mild arthralgia, myalgia, paresthesias, Bell's palsy, parkinsonism, psychic disturbances including nightmares, reversible mild psychoses or depression. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Note: Dosage should be limited initially to 500 mg daily when following previous antihypertensive agents other than thiazides. Maximal recommended daily dose is 3.0 g. Patients with impaired renal function may respond to smaller doses than patients with normal kidney function. Syncope in older patients has been related to increased sensitivity in those with advanced arteriosclerotic vascular disease; this may be avoided by lower doses. Tolerance occasionally seen either early or late, but more likely between second and third month after initiation of therapy; increased dosage or combined therapy with a thiazide frequently restores effective control.

How Supplied: Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

For more detailed information, consult your MSD representative or see full prescribing information.
Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486

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ELECTROCARDIOGRAM OF THE MONTH

Ventricular Vulnerability

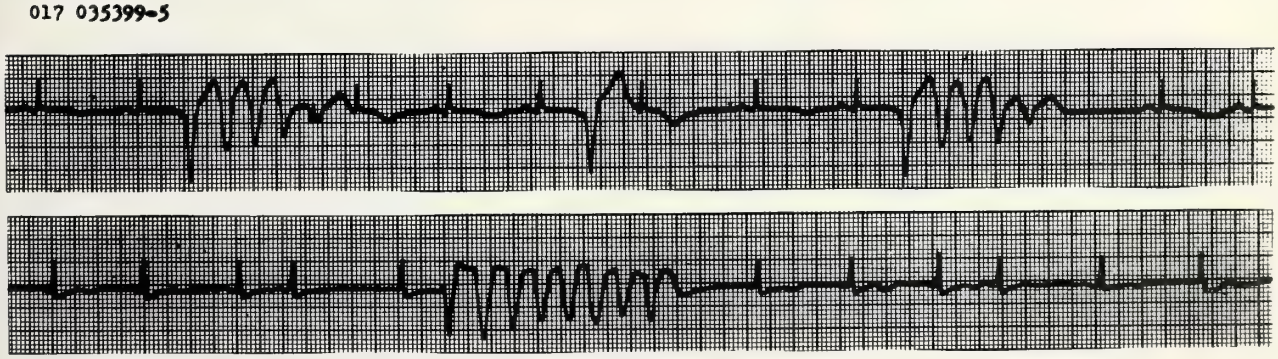
JOHN C. BAILEY, M.D.
Indianapolis

A considerable portion of late ventricular electrical systole constitutes a "vulnerable period" during which electrical stimuli are effective in producing ventricular fibrillation. Stimuli delivered to the ventricles during this vulnerable period induce ventricular fibrillation, whereas the same stimuli applied during electrical diastole (after the T wave on surface electrocardiograms) do not induce ventricular fibrillation. This period of especial susceptibility to ventricular fibrillation corresponds roughly to the peak of the T wave on surface electrocardiograms. Therefore a stimulus, e.g., a premature ventricular systole, that occurs near the peak of the preceding QRS complex, the so-called "R-on-T phenomenon," may initiate ventricular tachycardia or ventricular fibrillation.

In the tracing under discussion there are three episodes of rapid ventricular tachycardia initiated by single premature ventricular systoles that occur near the peak of the preceding T wave in the vulnerable period. There is also a single premature ventricular systole (near the middle of the top strip) that occurs with a coupling interval slightly longer than the coupling intervals of the ectopic beats that initiated ventricular tachycardia. This premature systole falls outside the vulnerable period, so repetitive reexcitation of the heart in this instance is not favored.

It is extremely important that premature ventricular systoles falling in the vulnerable period be recognized and suppressed with appropriate antiarrhythmic therapy. On the other hand, one must recognize that certain antiarrhythmic agents such as quinidine and procainamide may prolong the Q-T interval, thus "pushing" the vulnerable period into a premature ventricular systole that, prior to therapy, occurred after the end of the period of vulnerability. ◄

From the Krannert Institute of Cardiology, Marion County General Hospital, and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.



PAROXYSMAL ventricular tachycardia initiated by single premature ventricular systoles occurring during the vulnerable period. The premature ventricular systole occurring after the vulnerable period does not produce ventricular tachycardia.



MEDICAL AUDIO VISUAL-MATERIALS FOR PROFESSIONAL EDUCATION AND FOR SERVICE AND REHABILITATION

(Motion pictures, audio tapes and filmstrips are available for free loan from the local ACS Unit.)

TITLE: ACUTE LEUKEMIA REPORT, 1974
Code: #3761
Date: 1974
Time: 20 minutes

DESCRIPTION: This film explains the necessity for aggressive combination chemotherapy, together with supportive therapy to manage side effects and avoid infections, in order to achieve the long-term remissions that are possible today. It emphasizes the vital role of the family physician in detecting acute leukemia cases early, and in promptly referring them to centers specializing in intensive protocols, where median survival times have risen from a few months to several years, and where some cures may have been achieved. The film presents the signs and symptoms of early disease, the procedures for definitive diagnosis, and the dangers of pretreating the patient before referral to a specialized center.

Consultant for the filming was Joseph H. Burchenal, M.D., attending physician and director of clinical investigation, Memorial Sloan-Kettering Cancer Center, New York, N.Y.

* * * *

NATIONAL CONFERENCE ON GYNECOLOGIC CANCER — sponsored by the American Cancer Society
WHEN: September 18, 19 and 20
WHERE: Marriott Hotel
Philadelphia, Pa.

PURPOSE: The changing patterns of cancers of the female genital tract and new developments in technics for their diagnosis and treatment make this conference timely. Specialists will present the latest information on the management of gynecologic cancers to aid the medical profession in their control.
SESSIONS are open to all members and students of the medical profession.

ADVANCE REGISTRATION REQUESTED. There is no registration fee. Written acknowledgment of advance registration will not be made. Send name, address and title of speciality area to Sidney L. Arje, M.D., American Cancer Society, Inc., 219 E. 42nd Street, New York, N.Y. 10017. Hotel reservations should be made directly with the Marriott Hotel, Philadelphia. Additional information can be obtained from your county ACS Unit or write to the Indiana Division of ACS (above address)
Thursday, Sept. 18, Sessions:
9:00 a.m.-12:30 p.m.

INTRODUCTION
SOME NEW CONCEPTS IN GYNECOLOGIC ONCOLOGY: Histopathology of Ovarian Cancer; Natural History of Cervical Intraepithelial Neoplasia; Early Invasive Disease of Cervix; The Stilbestrol-Adenosis Adenocarcinoma Syndrome; Adenosquamous Carcinoma of the Endometrium.

* * * *

2:00 p.m.-5:00 p.m.

ADVANCES IN DIAGNOSTIC TECHNICS: Colposcopy; Laparoscopy and Hysteroscopy; Cytologic Technics; Biopsy Technics; Ultrasound; Human Chorionic Gonadotrophin; Diagnosis of Breast Cancer; A Role for Paraprofessionals; Pretreatment Staging.

* * * *

Friday, Sept. 19, Sessions:
9:00 a.m.-12:00 noon

RESEARCH IN GYNECOLOGIC ONCOLOGY: Morphology and Ultrastructure; Enzymes; Hormones; Treatment Protocols; Tumor-Specific Antigens; Viruses; The Estrogen-Cancer Hypothesis; Discussion of Hypothesis.

* * * *

2:00 p.m.-5:00 p.m.

ADVANCES IN THERAPEUTIC TECHNICS Chemotherapy of Solid Tumors; Combined Modalities; Cryosurgery-Abnormal Pap Smear; Modern Radiotherapy; Immunology; Persistent and Recurrent Disease

* * * *

Saturday, Sept. 20, Sessions:
9:00 a.m.-12:00 noon

CURRENT STATUS OF THE TREATMENT OF THE SITES OF GYNECOLOGIC CANCER: Vulva, Cervix, Endometrium, Ovary, Choriocarcinoma.

* * * *

The conference is being held in cooperation with the American College of Obstetricians and Gynecologists, Cancer Commission of the American College of Surgeons and the Society of Gynecologic Oncologists.

This continuing medical education activity is acceptable for 15 Credit Hours in Category I for the Physician's Recognition Award of the American Medical Association; 15 elective hours by the American Academy of Family Physicians; 25 Cognates by the American College of Obstetricians and Gynecologists.

* * * *

WILLIAM M. DUGAN, JR., M.D.
Chairman of Professional Education
Indiana Division
American Cancer Society, Inc.

5

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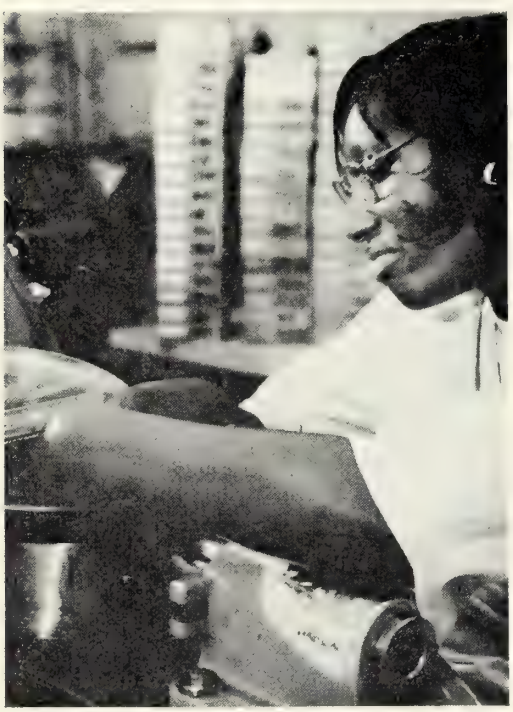
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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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The Effects of Lubricants on Urethral Catheters

It is known to be advantageous, when draining the urinary bladder with an indwelling catheter, to place an antibiotic ointment at the urethral meatus to decrease the bacterial flora which can ascend the side of the tube into the bladder and cause urinary tract infection. However, most manufacturers of catheters admonish against using petrolatum based lubricants on their catheters as it is said to deteriorate the plastic (silastic or silicone) coating and the rubber itself. We, therefore, performed a simple experiment in our hospital to test the thesis that these lubricants decay the catheter wall.

Four coated rubber catheters (size 16F Foley) were placed filled into separate media consisting of K-Y Jelly (water soluble lubricant), Polysporin Ointment (antibiotic in petrolatum base), normal saline and, finally, merely exposure to room air. They were checked at the end of 14 days. The results were interesting, in that the bulb retained water in all four catheters although water was oozing thru the rubber bulb in room air and that bulb was half empty. At 16 days the bulb in Polysporin was completely empty with a large rent in the rubber while the catheter immersed in the saline or K-Y was normal appearing and filled at the end of 21 days when the experiment terminated.

The conclusion is that petrolatum does indeed rot the substance of a catheter but may be used with relative impunity on the shaft of the catheter. It is not to be used for lubrication in passing the catheter where it would be in contact with the thinner rubber of the bulb. We continue to order the application of Polysporin Ointment to the urethral meatal area three times a day with prolonged catheter drainage and would urge that this be a universal practice to reduce catheter incited urinary tract infections.—**Rodney A. Mannion, M.D., LaPorte.**

Guest Editorials

At Last We Are Professional!

If any of you have been wondering where you are going to put that clinical training you are receiving in the new pharmacy college curriculum to practical use, we can now answer that question very positively—IN COMMUNITY PRACTICE.

Even the instructors of clinical practice have had difficulty relating what they were teaching to the practice of pharmacy at the community level, but the law courts are now making it possible for us not only to see the usefulness of the clinical teachings in community practice, but as a matter of fact they are making it an absolute necessity that we make use of this background knowledge daily.

There has been an old cliche running around for many years that the pharmacist was a person with an occupation looking for a profession.

Our answer to this has always been that **you would know when you were a professional because people would start suing you.** This would mean they would assume that you had a specialized knowledge and skill and responsibility toward them that they expected to have exercised for their protection.

In the past most of the actions that have been brought against pharmacists have been on the general grounds of negligence. Failing to compound the prescription properly, mislabeling it, delivering the wrong prescription to the person and many other similar type instances, all of which resulted in injury to the patient as a direct consequence of the negligence and a lawsuit. Many of these types of cases were settled out of court and are currently done so today. However, a half dozen recent court decisions have placed a **considerably greater burden on the pharmacist than he has had before and one which calls for him to exercise much more of his professional skill and knowledge than he has heretofore felt neces-**

sary. As a member of the distributive end of the pharmaceutical team, the vast majority of pharmacists have practiced the profession on the basis, "If I filled the prescription accurately and labeled it properly my professional duties have been discharged." Now the courts are saying differently.

Lawyers have been doing their homework and they are reading in our journals about the superior skill and knowledge that we have with respect to drugs and their action on the human body and **they are expecting their clients to be protected by pharmacists who have this skill and knowledge.**

Recently pharmacists have been held liable and shared in the eventual damages for failing to advise the physician when continued use of a product would lead to unhappy consequences for the patient, for failing to advise both the physician and the patient that a continued use of a product was contraindicated and for refusing to refill prescriptions when the above conditions existed, for ignoring the manufacturer's instructions with regard to the use of the product. We can see these and other dangers lurking on the horizon which inevitably will present themselves in the courts unless **pharmacists exercise greater judgment when they are filling prescriptions.**

Over the years we have expressed our disenchantment with the repeal of the anti-substitution laws because we feel that **pharmacists have greater duties to** perform in the protection of the patient's interest **than to try to find a cheaper brand of lesser quality to dispense on a prescription or even to find a cheaper brand of the same quality to dispense on the prescription.** The economic benefits are so slight as to not be worth the pharmacist's time.

The protection of the patient's health, however, is extremely important and should be the primary concern of the pharmacist as a member of the health team and it now appears that in court the pharmacists is going to be expected to be a full-fledged professional member of the team responsible to the patient.

We believe this is for the good of the profession and while it may cause tremors of fear to run through the bodies of some of the older practitioners, those of you in school today should welcome the opportunity to examine the prescriptions you are receiving, consult with the physicians when there is need to consult and in every way perform your professional functions as a pharmacist.—*Action in Pharmacy,* **March 1975. Reprinted with permission.**

Should We Cut Taxes or Increase Spending?

NOT long ago the President and many economic commentators —myself included—were calling for a balanced federal budget. Now we're supporting the concept of a tax cut that may result in a $40-$60 billion budget deficit.

Inconsistent? Not really.

When the economy is booming, federal budget deficits cause inflation. When the economy is undergoing a serious recession deficits are not so inflationary, and can help end the recession.

Until recently, I was not convinced that the recession was serious enough to justify risking inflationary measures to fight it. Now, I am. The challenge, of course, is to design the anti-recession program to minimize its adverse impact on inflation.

There are two ways to incur a deficit: Increase federal spending or cut taxes.

In the past, we have often increased federal spending to combat recessions and then discovered that Congress is unwilling to cut back federal programs once they have grown, even when economic conditions change. Further, as government—at all levels—claims an ever larger share of the national income (probably 50 percent five or ten years from now), it becomes increasingly difficult for the relatively smaller private sector to take care of itself and government too.

A tax cut, on the other hand, can produce the same stimulative effect as increased federal spending, plus two other important advantages:

First, it returns some of our money to us to use as we wish. There's a lot to be said for that.

Second, a tax cut does not result in the creation of new federal departments, bureaus, agencies and programs—all with bloated budgets and all as impossible to get rid of as that hardy relic, the federal Board of Tea Tasters.

It will probably take us about a year to work our way out of the recession. At that point, we will get the bill for the cost of the rescue effort—expressed in additional inflation. If we're careful now, that bill doesn't have to be too big to **pay.—Arch Booth, president, Chamber of Commerce of the United States.**

Editorial Notes . . .

Since 1967 drug prices have risen only 3%. During the same time the price index for all consumer items has risen 48%, all consumer services are up by 52%, food costs have increased 62%, clothing is up 36%, housing costs have risen 51%, fuel and utilities are up by 50%, and transportation costs have increased 38%. Eli Lilly's HEALTH HIGHLIGHTS presents the above information and wonders why public opinion polls show that the public thinks drug costs are a large contributor to inflation. The above figures are for the drug industry as a whole. Eli Lilly is proud of the fact that the Lilly prices are parallel to those of the industry. The Lilly wholesale drug price index is now less than 1% higher than it was in 1967.

The Drug Research Board has had another meeting on the subject and states that it had no intention of favoring or opposing antisubstitu-

tion drug laws. The news release prompted by the Board's previous meeting was worded (erroneously) to infer that the Board was in favor of repealing antisubstitution laws and regulations.

Scientists at Purdue are concerned about the growing national interest in natural or wild foods. They now have a National Science Foundation grant to direct research on the subject. Already almost half of some 70 wild plants investigated are found to be toxic to some degree. Aside from those plants which have medicinal properties, the Purdue group classifies the knowledge of poisonous plants as quite limited.

The FDA plans to announce that some well-established prescription drugs may be marketed without agency preclearance. It is probable that such a list will include drugs still under patent protection. FDA takes the position that patents are the concern of the companies who hold them and of those others who want to make the products.

An electronic device serving as a go-between for an existing muscle and an artificial limb has been implanted in a student at the University of Manitoba. A myotelemetry implant placed in a forearm muscle transmits signals from within the arm to an artificial hand that is equipped with a motor.

Poisonous substances which, until now, have by law been packaged with safety seals to protect children, may now be sold in ordinary containers labeled either "This Package for Household Without Young Children" or "Product Not Child-Resistant." The change was made to allow elderly and handicapped persons easy access. Also, prescription drugs may be dispensed in conventional noncomplying packaging at the request of the purchaser or prescribing physician.

The president of the American Council of Medical Staffs, Jose L. Garcia Oller, M.D., in a speech before the Pharmaceutical Advertising Club in New York recently, labeled the politicians' claim of a "medical crisis" as so much downright deception for the purpose of advancing "crisis legislation" which nobody except politicians want. As a matter of fact, the only real crisis medicine has now is the possibility of National Health Insurance. If NHI is enacted the liberal politicians will find out what a crisis really is.

Two hundred physicians in Beaumont, Texas, have agreed they will not participate in any manner in government-imposed, government-dictated, utilization review. They are planning to continue their own voluntary peer review program. The boards and administrators of the two Beaumont hospitals are in agreement with the doctors' decision.

Anyone can sue anyone for almost anything. A patient in Kansas, who was dissatisfied with her psychiatrist, sued the family practitioner who recommended the psychiatrist. The Kansas Supreme Court has ruled in favor of the physician.

The California Supreme Court, in a 5-2 decision, ruled that psychiatrists and psychotherapists have a legal duty to warn known potential victims of dangerously disturbed patients. As reported in PHYSICIANS LEGAL BRIEF, the majority opinion said "The protective privilege ends where public peril begins."

Well baby clinics conducted at the University of Rochester for infants in their first year on a schedule with fewer than normal number of visits and conducted by personnel other than an M.D. revealed no adverse effects. Infants checked by a Pediatric Nurse Practitioner on six or three visits annually and referred to an M.D. if there was evidence of illness did just as well as infants checked each visit by a pediatrician. The study involved both private and clinic patients over a two-year period. The conclusion was that, since pediatricians spend as much as 60% of their clinical time with well babies, they should be relieved of this duty and spend all their time with disadvantaged and diseased children.

The Pharmaceutical Manufacturers Association is actively supporting a federal law to require identification of the actual manufacturers of prescription drug products on package labels.

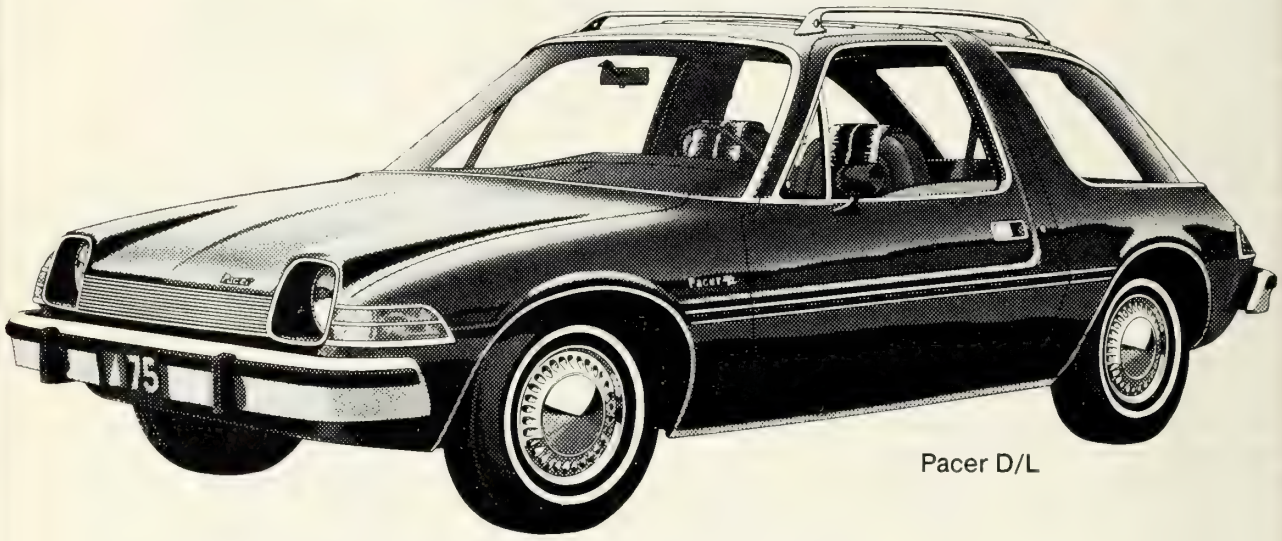
The Ford Foundation has released a report of a survey by the Battelle Memorial Institute's Population Study Center which found that funds devoted to research for new contraceptive products have not increased. Adjusted for inflation, the annual expenditures have remained essentially the same since 1965. Some pharmaceutical firms have been compelled for financial reasons to discontinue research. High costs of drug research and the increasing demands of regulatory agencies and the public for drug safety are the underlying reasons.

Most Americans think that the physician should choose the drug product used to fill a prescription. A national survey and a Wisconsin survey both got practically the same percentage of opinion—70 and 71%. In Wisconsin 60% favored maintaining the state antisubstitution law. Also in Wisconsin 76% rejected substitution even though it might achieve a monetary saving. Eli Lilly's HEALTH HIGHLIGHTS also reports that the 3% rise in prescription prices since 1967 did not seem to be a factor in the poll—98% of the Wisconsin people listed quality and safety as the most important criteria for selecting a drug product. ◄

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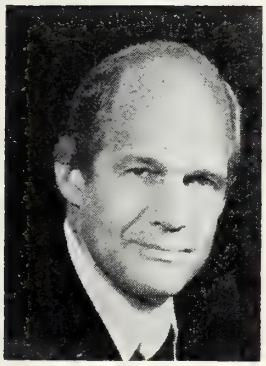
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President's Page

For your information, the following is my President's Report on March 19, 1975, to the Senate Judiciary Subcommittee in regard to H.B. 1460. Since all material must be submitted to the printer several weeks before publication, the result of the legislation is not known.



Mr. Chairman and members of the subcommittee, I am Dr. Gilbert M. Wilhelmus, President of the Indiana State Medical Association. I am here to testify on behalf of House Bill 1460, the Patients' Compensation Act.

We are at that point in the legislative session where I imagine you are all rather weary of people who come to you supporting legislation which they tell you is in the best interests of the people of Indiana.

Yet, that is the position I find myself in this morning; I know of no other way to describe this bill. Without this legislation, yes, people such as myself will face serious problems—all health care providers will. But the people who would be the real losers if this bill does not pass would be the people of Indiana who look to us for the best, most comprehensive health care possible at the most reasonable possible cost.

Here are just a few of the problems we would face:

There would be increased medical costs.

There would be less adequate medical services.

There would be a further increase in the practice of wasteful and expensive "defensive" medical procedures.

There will be fewer doctors to go around and to care for the sick and the injured in Indiana . . . Fewer doctors in the inner city . . . Fewer doctors in rural areas . . . Fewer specialists everywhere in the state.

There would be doctors driven out of the state because they cannot obtain insurance.

There would be other doctors who would choose to retire early or leave the state rather than see the continued erosion of the unique trust between a patient and his doctor.

Yes, there could even be a gradual collapse of the health care system in our state.

Now, these are dire predictions. Some have even characterized them as threats. These words do not contain threats, though. These words contain facts.

These are specific expressions of what we can expect in this state if the Patients' Compensation Act is not passed.

The current liability insurance situation in Indiana is a source of continuing frustration for all of those engaged in medical practice, for all who are engaged in health care, and, I am sure, for you as well.

For a minute, though, I would like you to look with me beyond personal hardships and frustrations to the implications for the people of Indiana.

It is a fact that many young doctors wishing to enter practice in Indiana cannot obtain insurance. Period. Others can only obtain it at exorbitant rates. This is a matter of public record. It is also a source of frustration and anguish to those young men and women who looked forward to the day when they would open practice back home in Indiana.

Let's look beyond that, for a minute. Let's assume this situation only affects 200 young doctors. It affects more, in reality, but let's limit it to that number hypothetically. Those 200 young doctors represent about 5% of all doctors in the state.

How do you measure the value of the services those 200 young doctors could offer to the people of Indiana? Services which will be lost if they cannot practice in this state. Services which might well mean the saving of human lives.

Who is to say there would be another doctor to step in and take the place of the one who wasn't there? I couldn't make you such an assurance; nor can you make that assurance.

And yet there are still some people who say we have no problem in Indiana, or who want to study it further.

I don't want to be emotional about this matter, but I do feel obligated to raise a moral question. What about the health of those people who suffer from less adequate health care if action should be put off? Who will take responsibility for the well-being of the people if legislation is enacted which does not solve the problem?

Or let's look at another situation. It is a matter of public record that doctors in the so-called "Class Five" insurance category have been notified in some cases that they will not have their insurance renewed.

Let's consider the impact on the health care system if just some of these specialists are unable to practice because they have no insurance, and no prospect of getting it.

The specialties we are talking about are such specialties as anesthesiology, orthopedic surgery, and the like. These are specialties which employ the most sophisticated tools and the most sophisticated technics available to modern medicine. These are the technics you use and the tools you use to treat the acutely ill and the seriously injured.

It is the acutely ill and the serously injured patients who will suffer most if these services are not available.

We are faced with a serious question. Again, let me repeat, there are those who do not think we have a problem, or who want to study the nature of the problem.

If during the course of that study they found one person who couldn't have surgery because of the lack of anesthesia, would it be a problem? If not, how about two persons? Would five or ten people denied such medical care be sufficient? How about twenty? Two hundred? Five million? When does something which was not a problem become a problem?

My point is simply this: when you deliberate on this legislation, you are considering more than words. You are considering more than people's vocations. You are considering legislation which may well affect the health and lives of the people of Indiana.

This is the sort of responsibility which faces the doctor every day. This is the sort of responsibility which faces other health care professionals every day. We do not take it lightly, and, I am sure, neither will you.

A job half completed is a job undone. A halfway step will not solve the problem, any more than a good and equitable bill passed by one chamber of the General Assembly will get the job done.

So, I urge you . . . take the lead. You have a chance to act now. Listen to the voices and the needs of the people, because you are the people of Indiana when it comes to the creation of the laws that will guide and govern us. The people cannot act . . . The people cannot speak . . . except as they speak and act through you.

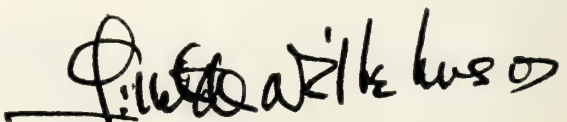
You have the answer before you . . . the Patients' Compensation Act. It is the product of honest and sincere compromise, as it stands. As Hippocrates said, "Healing is a matter of time, but it is sometimes also a matter of opportunity." Please act so that we will continue to have that opportunity. Pass House Bill 1460 intact. Thank you.

FLASH! **FLASH!** **FLASH!**

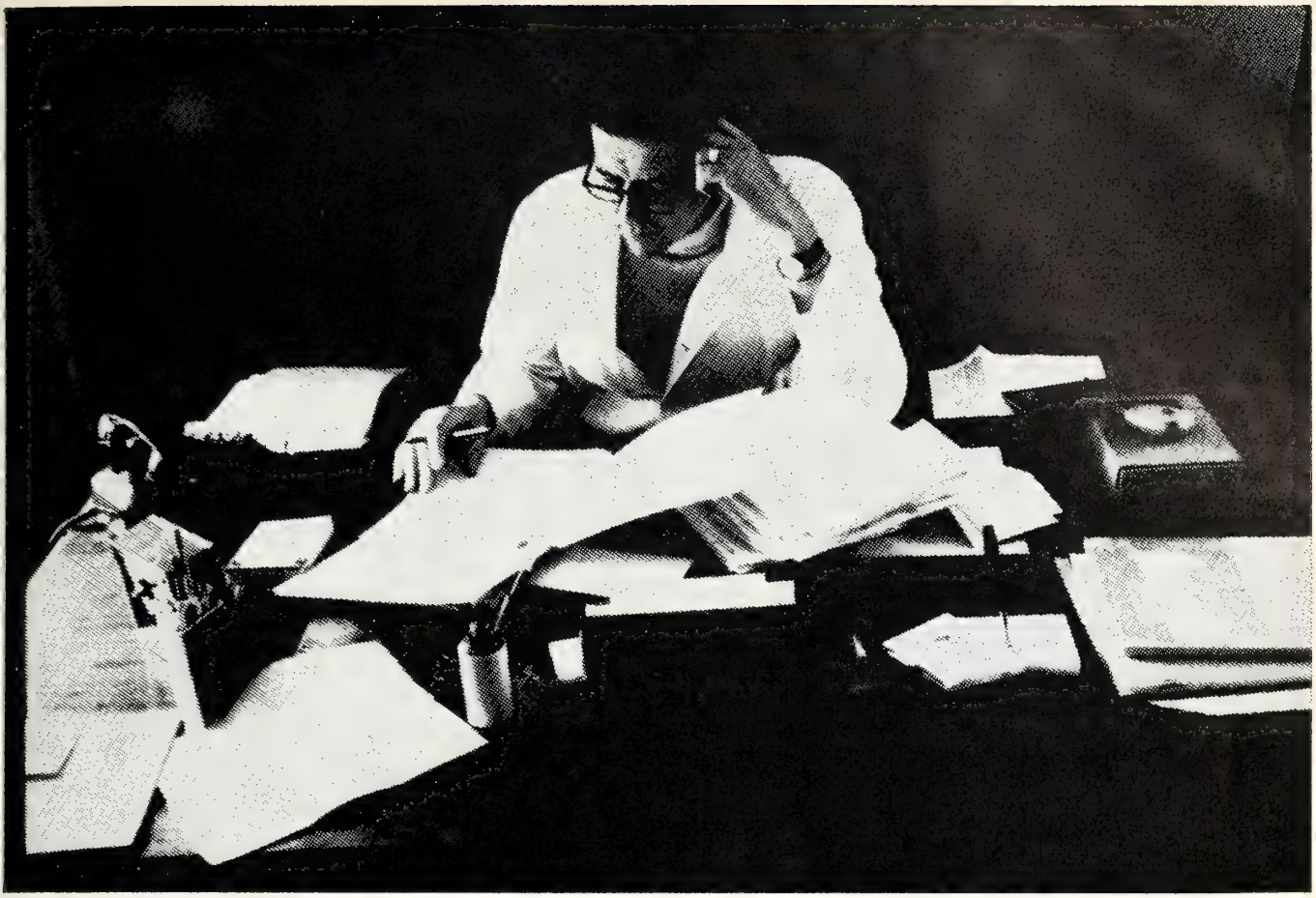
The House of Representatives just concurred with the Senate amendment of H.B. 1460. My interpretation of the preceding consists of the following:

- Risk Management—provides residual insurance market to the doctors.
- Breech of warning—must be in writing.
- Can only sue for reasonable damages.
- Can only sue two years from the date of occurrence (not from the date of discovery)—This starts at age of six.
- A $100,000 maximum for medical liability insurance coverage, with $400,000 maximum for catastrophic injury.
- Screening committee consisting of four people: one lawyer (with no vote), and three doctors. All evidence must be in writing and the screening panel will decide the amount of disability and the length of disability; also, the extent of the impairment and the length of the impairment. The screening committee must be used before anything can go to trial.
- A fact-finding committee to study the malpractice problem. In the next 18 months the committee report will be sent to the governor for probable further legislation.

This appears to be a good bill, even though it does not encompass everything we initially hoped to obtain. In my opinion, the fact-finding committee, with its in-depth study of the malpractice situation, could come out with all of the items we strived for at the beginning.



Gilbert M. Wilhelmus, M. D.
President
Indiana State Medical Association



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The Woman's Auxiliary Reports to ISMA

The month of May has traditionally been one in which the new president of the Woman's Auxiliary to the ISMA brings you greetings. I have had the pleasure of a most active and informative year as president-elect under the leadership of our immediate past-president and Indiana's First Lady, Mrs. Otis R. Bowen (Beth).



Beth's theme was "Together" and I would like to carry that on in "Kaleidoscope '76" as we design our patterns for service this Auxiliary Year. Our organization's progress depends on change. Our selected priorities are for special emphasis that are needs in each county community. The many accomplishments of past endeavors places emphasis all the more on community involvement.

The National Auxiliary's Board of Directors has recommended that its programming format be changed to allow more grass-roots input. They also plan to build a "program bank" and catalogue the strong action programs of our many local auxiliary units. A number of Indiana's County Auxiliaries have submitted their projects and programs into the National "program bank." We must stress maximum participation for a successful and effective "program bank." We can strengthen our potential and identity by receiving recognition through input as we provide material for others to move from images to goals and finally to action.

As we approach the bicentennial year the Auxiliary's ultimate concerns and objectives shall continue to be focused on:

1. Membership — Uniting wives of members of the ISMA;
2. Co-operation — Assisting and participation on request of the ISMA in its programs for the advancement of medicine and public health.

Our nominated officers this year include Mrs. David Goldsmith (Chloe), president-elect and "program bank" co-ordinator; area vice-presidents and councilors are: Northern, Mrs. Beach Gattman (Ruth); Central, Mrs. Jack Walker (Lois); Southern, Mrs. Abner Bennett (Charlotte); and first vice-president and membership chairman, Mrs. John Stanley (Mary Kay).

Please ask your wife to contact us if we can be of service to her. **We need** each of **them** to be involved with us as we join you in personal commitments for improving health education and health conditions in our communities and state. As you well know, this takes imagination, much effort, and a great deal of time. **NOW** is the time for us to remember that the past on which our future depends is **NOW!**

Allie C. Reed



ABSTRACTS, BOOK REVIEWS

CURRENT MEDICAL DIAGNOSIS AND TREATMENT 1975

Marcus A. Krupp, M.D., Milton J. Chatton, M.D., Lange Medical Publications, Los Altos, Calif., 1975; $13.50.

Current Medical Diagnosis and Treatment 1975 represents an updating of the 1974 edition of this splendid book. With the rapidly changing medical scene, it is most appropriate that a text designed for clinicians should be revised annually. Yet, few publishers are able or willing to carry out such revisions. Lange Medical Publications are, therefore, to be congratulated.

Although the editors assure us in the preface that the book is not intended to be used as a textbook of medicine, it covers the field of general medicine systematically and thoroughly. It has a goodly number of remarkably helpful charts and tables and can be wholeheartedly recommended for the internist and family physician. The heavy plastic binding assures durability, as does the good quality of paper. The price, $13.50, is refreshingly modest.

W. D. SNIVELY, JR., M.D.
Evansville

LABORATORY TECHNIQUES FOR THE DETECTION OF HEREDITARY METABOLIC DISORDERS

V. E. Shih, M.D., CRC Press, Cleveland, 1973; $27.00.

This work begins with a multi-page table of the main clinical features and abnormal metabolites found in various metabolic disorders that includes over 70 abnormalities divided under categories including amino acids, urea cycle, ammonia metabolism and sugar metabolism. This is followed by a general outline pertaining to the type, performance and interpretation of the necessary laboratory tests to confirm the diagnosis of the problems discussed.

The collection and processing of blood and urine specimens is given. Scattered throughout the book are several tables listing the normal values for the different amino acids in both blood and urine for various pediatric and adult age groups. Also noted is the effect on test values of circadian rhythm, dietary foods, the use of various medications and antibiotics, and contamination.

A well-referenced breakdown of hereditary metabolic disorders is presented in the 120 pages of this text. Even though this manual is not geared for the practicing physician, it does provide guidance into a field that otherwise becomes a maze of syndromes and confusion. Dr. Shih has accomplished a formidable task—that of providing a usable reference for the clinical laboratory engaged in the testing and screening of a pediatric population.

G. P. GEBELE, M.D.
Indianapolis

Abstracts from Various Literature, Prepared by AMA

DECREASED SURVIVAL RELATED TO IRRADIATION POSTOPERATIVELY IN EARLY OPERABLE BREAST CANCER

J. Stjernsward (Dept. of Clinical Oncology, Swiss Institute for Experimental Cancer Research, Lausanne, Switzerland) *Lancet* 2:1285-1286 (Nov. 30) 1974.

An increased mortality in early breast cancer can be correlated to the routine use of local postoperative irradiation. The decreased survival is statistically significant. Of controlled clinical trials so far published, all six, including more than 3,400 patients, demonstrate decreased survival of between 1% and 10% in irradiated patients when compared with those treated by mastectomy alone.

BIRTH DEFECTS AMONG CHILDREN OF NURSE-ANESTHETISTS

T. H. Corbett et al. (VA Hosp., Ann Arbor, MI 48104) *Anesthesiology* 41:341-344 (Oct.) 1974.

A survey of 621 female nurse-anesthetists in Michigan was performed to determine the incidence of birth defects among the offspring of this group. Two separate mailings and telephone interviews resulted in a response rate of 84.5%. Of children whose mothers worked during pregnancy, 16.4% had birth defects, while only 5.7% of children whose mothers did not work during pregnancy had birth defects. This difference

Continued



was significant ($P<0.005$). Three neoplasms were reported in two children whose mothers worked during pregnancy. One neoplasm was reported among the offspring of mothers not working during pregnancy.

PAGET BONE DISEASE: RESPONSE TO HUMAN CALCITONIN IN PATIENTS RESISTANT TO SALMON CALCITONIN

S. Rojanasathit et al. (The Jewish Hosp., St. Louis 63110)
Lancet 2:1412-1415 (Dec. 14) 1974.

Of 27 patients (two with osteoporosis, 25 with Paget bone disease) treated with salmon calcitonin (SCT) for 10 to 43 months, serum antibodies to SCT were detected in both patients with osteoporosis and in 10 patients with Paget disease. Human calcitonin (HCT) was available to treat the Paget disease in five of the patients who had demonstrable serum antibodies to SCT, and rebound elevations of serum alkaline phosphatase and urinary hydroxyproline levels. Maximum serum-binding capacities for SCT ranged from 2μg to 541μg/liter. All patients showed a hypocalcemic response to the acute subcutaneous administration of 0.5 mg of HCT, but only the two patients with low serum SCT antibody titers responded to a comparable biologic dose of SCT. All five patients showed substantial biochemical improvement during the first two to three months of treatment with HCT, with reduction of serum alkaline phosphatase to 33% to 50% of pretreatment levels. Human calcitonin can be used successfully to treat patients who are resistant to foreign calcitonins.



The value of early fitting

Research has proven the fitting of prostheses on children should be accomplished as early as is practicable. It has only been a few years since the child amputee was not considered ready until just before pre-school age or even later. Extensive experience demonstrates that fitting at a much earlier age produces more effective results.

If there are no complicating factors, children with arm amputations usually should be provided with a passive type of prosthesis soon after they are able to sit alone, generally at about six months of age.

Lower-extremity child amputees should be fitted with prostheses as soon as they show signs of wanting to stand. The development of muscular coordination of child amputees is the same as for non-handicapped children; and, therefore, this phase may take place as early as eight months or as late as 20 or more months.

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ASSOCIATION OF INTRAUTERINE DEVICE AND PELVIC INFLAMMATORY DISEASE: RETROSPECTIVE PILOT STUDY

S. D. Targum and N. H. Wright (The Population Council, Box 2-75, Bangkok, Thailand)
Am. J. Epidemiol. 100:262-271 (Oct.) 1974.

Using a retrospective-case control design, it was found that 48% of 50 women with first-episode, acute pelvic inflammatory disease were currently wearing an intrauterine device (IUD) compared to 9% of 100 controls matched for age, marital status, and interval since last pregnancy termination. The findings suggest a ninefold increased risk of acute pelvic infection among IUD wearers as opposed to nonwearers. It should be noted, however, that most attacks of pelvic infection are mild and can be successfully treated with the device in place. It also seems likely that the risk of pelvic infection among nonwearers is very low. The estimated risk of infection-associated death among IUD wearers is less than 1/100,000 woman-years use, a figure that compares favorably with the risk of fatal pulmonary or cerebral thromboembolism among oral contraceptive users.

DEATH AND CORONARY ATTACKS IN MEN AFTER GIVING UP CIGARETTE SMOKING

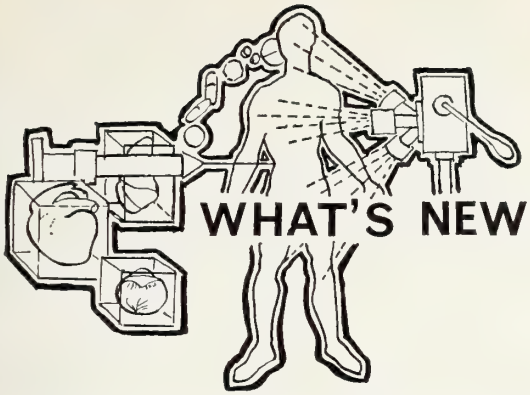
T. Gordon et al. (Public Health Service, National Institutes of Health, Bethesda, MD 20014)
Lancet 2:1345-1348 (Dec. 7) 1974.

The Framingham study has followed a cohort of men and women, aged 29 to 62 when first seen, for 18 years. When 2,336 men were characterized by smoking status at entry, death rates, and coronary heart disease (CHD) attack rates were found to be low for nonsmokers, men smoking only cigars or pipes, and men smoking half a packet of cigarettes (10) a day or less. Death and CHD rates among men smoking more than 10 cigarettes a day at entry were distinctly higher. Furthermore, men who were cigarette smokers at entry who subsequently stopped had CHD attack rates that were half that experienced by those who continued to smoke. This difference was not explained by changes in coronary risk factors. Overall mortality was also lower in men who had given up smoking than in men who continued to smoke.

INCREASED BILIRUBIN LEVELS IN NEONATES AFTER INDUCTION OF LABOR BY INTRAVENOUS PROSTAGLANDIN E_2 OR OXYTOCIN

A. A. Calder et al. (John Radcliffe Hosp., Headington, Oxford, England)
Lancet 2:1339-1342 (Dec. 7) 1974.

Four groups of 30 primigravidas and their infants were studied prospectively. Group A had labor induced by intravenously administered oxytocin, group B by prostaglandin E_2 given intravenously, and group C by extra-amniotic prostaglandin E_2. In the fourth group (D), labor was spontaneous throughout. Mean bilirubin levels on day five were substantially higher in groups A and B than in group D. The level in group C did not differ greatly from groups A, B, or D, although the mean inducibility rating in this group was lower. The mean serum bilirubin level was considerably lower after cesarean section than after assisted vaginal delivery. Mean serum bilirubin levels were not affected by the previous use of oral contraceptives, maternal smoking habits, or methods of infant feeding. The data suggest that the neonatal hyperbilirubinemia observed may be due to the artificial interruption of pregnancy, although a direct drug effect cannot be excluded.



Comfortec Garments of Indianapolis has a complete line of boxer shorts for men and briefs for women which are padded and reinforced for day and/or night protection from moisture problems with urinary or rectal incontinence. Reinforced men's pajamas are also available. The undergarments are ideal for athletes for absorption of perspiration.

* * *

The Ames Company is marketing five new products for thyroid function testing. Gammacord® Automated Gamma Counting Instrument will measure a wider variety of isotopes than the original Gammacord. Thyrolute® 1251 Reagent Kit is an isotope test to measure T-4. Seralute™ Total T-3 (RIA) is used to quantitatively determine total circulating T-3.

* * *

The Ames Company announces two new laboratory systems—The Disc Electrophoresis and the Autotiter® systems. The Electrophoresis System consists of a full line of equipment for analysis of lipoproteins, alkaline phosphotase isoenzymes, LDH and hemoglobin. The Autotiter System provides instrumentation and accessories for performing automated serial microtube dilutions.

* * *

Lederle has a new system for administering liquid medication to the eye. Called MISTURA™, it is an ingenious ophthalmic spray with a shield which rests against the eyebrow and with a "target" which the patient looks at just before squeezing the mechanism which sprays 1.7 drops in the form of a fine spray. The device comes filled with one of five preparations: pilocarpine, epinephrine, carbachol, phenylephrine and phenylephrine with zinc.

* * *

Air Products/Foregger has a new lightweight compact anesthesia machine designed for confined areas such as small operating rooms, x-ray departments, O. B. delivery rooms and cystoscopic rooms. It has pipeline inlet connections and a cylinder yoke for oxygen and one for nitrous oxide. There is a choice of four Foregger Direct Reading Vaporizers.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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What's New?

Lederle has FDA approval for the marketing of LOXITANE™ (loxapine succinate) a dibenzoxazepine compound, announced as a new major tranquilizer for the manifestations of schizophrenia. It has just completed a 10-year research period. It will be available in 10, 25 and 50 mg capsule forms.

* * *

Unirad Corporation has a new 70-page pictorial atlas on echocardiography, containing a total of nearly 120 sonographic studies and illustrations. A copy may be obtained by writing the Corporation at P.O. Box 39002, Denver, Colo. 80239.

* * *

Ames has a new reagent strip, GALACTOSTIX™. It provides a one-minute test to screen infants for galactose in the urine. If positive, the test indicates the diagnosis of galactosemia.

* * *

Corning has a folder which is available free of charge and which describes the Corning agarose electrophoresis equipment for measuring in less than 70 minutes the CPK and LDH in a patient suspected of having had a recent myocardial infarction. Address Corning at Medfield, Mass. 02052.

* * *

Doubleday announces publication of "How to Eat Well and Stay Well the Mediterranean Way" by Ancel and Margaret Keys. Mediterranean peoples of Greece, Italy, France and Spain suffer little from heart disease. They have low blood cholesterol and outlive Americans. Dr. and Mrs. Keys think this depends, at least partially, on the Mediterranean diet. Over 200 authentic, inexpensive recipes are included. Price is $8.95 for 504 pages.

* * *



Fairchild Publications has released a new book "Careers in Therapy, Medical Technology and Nutrition." It contains minimal text and a large number of illustrations. 128 pages, soft cover, $3.00. Other books in the series provide an overview of health careers and explore the nursing field. The final book will cover business practices and hospital maintenance.

* * *

Hewlett-Packard is introducing a new scientific calculator, the HP-21, designed for scientists, engineers and students. It is useful in medicine, as well. The HP-21 has trigonometric and logarithmic functions, will calculate in degrees or radians, convert from polar to rectangular coordinates and vice versa, and will also perform standard arithmetic with the contents of its single addressable memory.

* * *

The Charles Press Publishers have released a new book, "Emergency Psychiatric Care: The Management of Mental Health Crises," by H. L. P. Resnik, M.D., and Harvey L. Ruben, M.D. It was developed under the sponsorship of the National Institute of Mental Health to help medical personnel manage people who are mentally incapacitated, psychotic, adversely affected by drugs or disoriented by disaster situations. 182 pages, paperbound, $8.95.

* * *

Gold Cross Medical Supplies is offering a patient file folder for sale in the U.S. It has been used for many years in Europe. Preprinted spaces for recording of the customary patient information are provided. The folders are made in four convenient sizes. Free folders plus system details are available.

* * *

Ames announces a new test which aids in monitoring jaundice of the newborn. The test, KERNLUTE™, tests for unbound bilirubin in the blood. When the test is used serially, the results—along with other clinical information—will provide information to determine proper treatment, if the jaundice becomes severe.

* * *

Dell Publishing announces a book, "The Handbook of Adolescence: A Medical Guide for Parents and Teenagers." It is the first book devoted entirely to the peculiarly adolescent aches, pains and problems. The authors are both doctors of medicine and are associated with the pediatric and adolescent services at Montefiore Hospital in New York City. Price of book is $1.50.

* * *

Bourns Life Systems announces a new Ventilator Monitor, Model LS160. Designed to provide universal adaptation to all adult or infant mechanical ventilators, it has adjustable high and low rate alarms, adjustable high and low pressure alarms, an alarm for loss of PEEP pressure with digital display of breathing rate, inspiratory time, expiratory time and I/E ratio.

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Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

makes sense in edema.*



either inconvenient, npalatable, expensive otassium supplements nor pecial K^+ rich diets are eeded as a rule. Just Dyazide' once or twice aily for control of edema.

fore prescribing, see complete prescribing infortion in SK&F literature or *PDR*. The following a brief summary.

dications: Edema associated with congestive heart lure, cirrhosis of the liver, the nephrotic syndrome; roid-induced and idiopathic edema; edema retant to other diuretic therapy. Also, mild to moderte hypertension.

ntraindications: Pre-existing elevated serum posium. Hypersensitivity to either component. Conued use in progressive renal or hepatic dysfunction developing hyperkalemia.

arnings: Do not use dietary potassium supplements potassium salts unless hypokalemia develops or etary potassium intake is markedly impaired. nteric-coated potassium salts may cause small wel stenosis with or without ulceration. Hyperlemia (>5.4 mEq/L) has been reported in 4% of tients under 60 years, in 12% of patients over years, and in less than 8% of patients overall. rely, cases have been associated with cardiac irgularities. Accordingly, **check serum potassium ring therapy, particularly in patients with susted or confirmed renal insufficiency (e.g., elderly diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

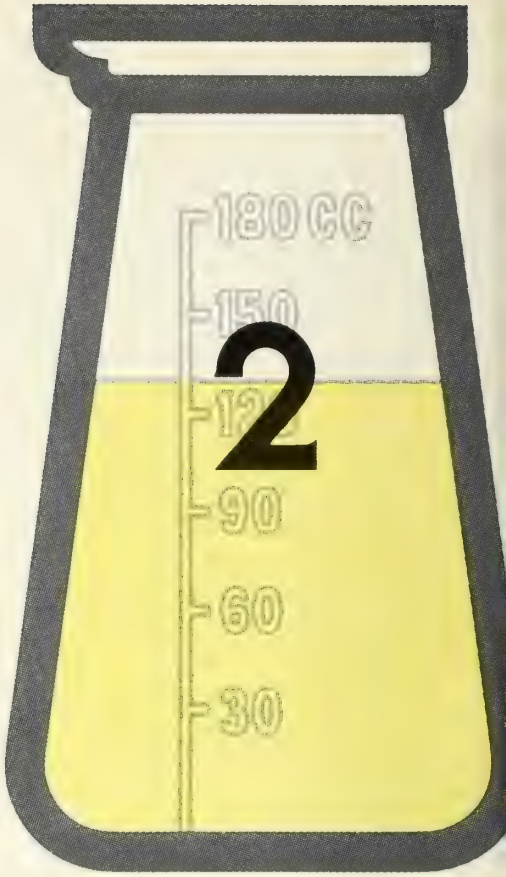
Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

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Subsidiary of SmithKline Corporation

Dyazide' gets excess water and salt out and helps keep essential potassium in.





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Gantanol®
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ur tablets (0.5 Gm each) STAT-
en 2 tablets B.I.D. for 10-14 days

asic therapy with convenience for cute nonobstructed ystitis

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic non-obstructed urinary tract infections (primarily pyelonephritis, pyelitis, and cystitis) due to susceptible organisms. ***Note:*** **Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials, including sulfonamides, especially in chronic or recurrent urinary tract infections.** Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis).

Usual adult dosage: 2 Gm (4 tabs or teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

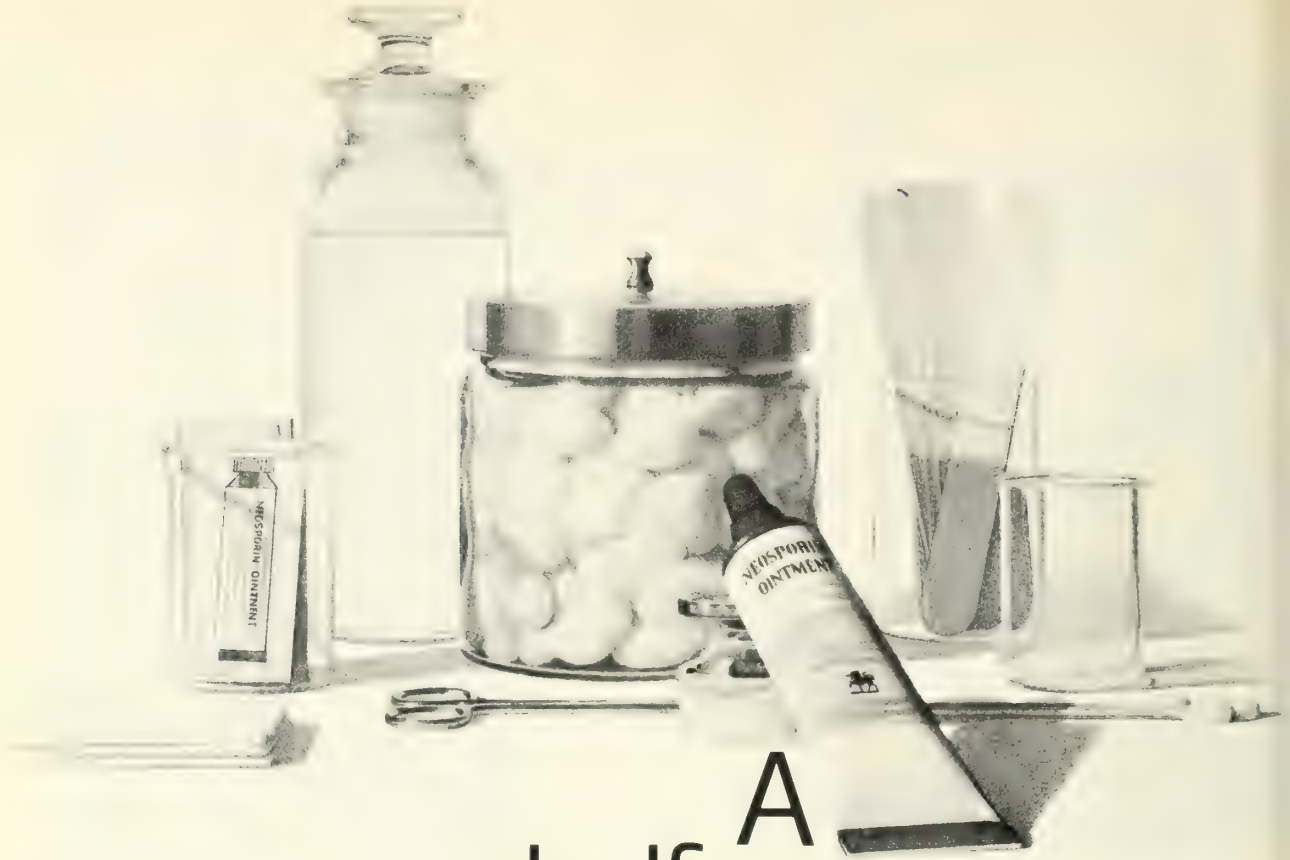
Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

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Nutley, New Jersey 07110

• Effective against susceptible E. coli, Klebsiella-Aerobacter, Staph. aureus, Proteus mirabilis and, less frequently, Proteus vulgaris



A half-ounce of prevention

Use it to prevent a topical infection. Or to treat one that's already started. In either case, it's good medicine. Whether for lacerations, burns, open wounds, IV catheter or surgical aftercare. Neosporin® Ointment provides broad antibacterial coverage against common susceptible pathogens. And since it contains three antibiotics that are rarely used systemically, the risk of sensitization is reduced. Neosporin Ointment. A half-ounce of prevention. Also available in a full ounce of prevention and in convenient foil packets.

Neosporin Ointment carried on Apollo and Skylab missions.

Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs.
In tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

INDICATIONS: *Therapeutically,* used as an adjunct to appropriate systemic therapy for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.
Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the eyes or external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

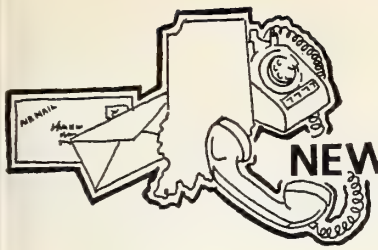
WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of body surface is affected, especially if the patient has impaired renal functio or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropria measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of pe allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept.

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Research Triangle Park
North Carolina 27709



NEWS NOTES

Roentgen Society Elects Officers

Dr. David C. Gastineau, Fort Wayne, was elevated to the presidency of the Indiana Roentgen Society at the group's annual meeting recently. Others elected to office were: **Dr. Roscoe Miller, Indianapolis,** vice-president; **Dr. John Knote, Lafayette,** secretary (reelected); **Dr. E. A. Franken, Indianapolis,** treasurer.

Councilors chosen were: **Drs. Gerald Kurlander, Indianapolis, Edwin Koch, Jr., Muncie, and Charles Helmen, Indianapolis;** while **Drs. Donald Zalac, Michigan City,** and **Theodore L. Megremis, Bloomington,** were named alternate councilors.

Dr. Goldman Retires from Practice

Dr. Samuel Goldman, Indianapolis family practitioner who graduated from the University of Illinois in 1941, retired recently.

Drs. Miller, Stewart Honored

Dr. William Miller, Lafayette, and Dr. L. Ray Stewart, Evansville, were named Fellows of the American College of Radiology on April 2 at the college's annual meeting in Portland, Ore.

Addresses Bedford Rotary Club

Dr. Donald M. Kerr, Bedford, discussed Indiana's malpractice insurance dilemma at a recent meeting of the Bedford Rotary Club.

Dr. John Pulcini Certified

Dr. John D. Pulcini, Evansville, was recently notified of his certification by the American Board of Plastic Surgery.

Nurses Hear Drs. Suelzer, Becker

Drs. John G. Suelzer and Harry G. Becker, Indianapolis, were featured speakers at a recent seminar conducted by the Eleventh District of the Indiana Nurses Association. Dr. Suelzer spoke on emergency medicine as it applies to ambulances, and Dr. Becker reviewed federal and state legislation and funding and the steps leading up to organization of the Indiana Emergency Medical Service Commission.

Dr. Arendell's Article Wins Award

Dr. Robert E. Arendell, Evansville, won a Certificate of Award for an outstanding original article by a physician in *Medical Economics'* 1974 competition.

Poetry to Be Included in Anthology

Norman Dennison, editor of *New Voices in American Poetry, 1975,* has written Dr. J. C. Bacala, Scottsburg, for permission to include some of his poems in the fourth annual anthology of the works of new American poets.

Dr. Bacala's newest book of poetry, *Poems on Loving, Living and Believing,* was recently published by Vantage Press, New York. He has written six volumes of poetry, one for each child born to the family. The present volume includes some selected poems of these previous works, and an addendum to the collection is a section of poems written by each of the six Bacala children.

Former dean and professor at the University of Santo Tomas, Manila, Dr. Bacala is now a general practitioner in Scottsburg.

Dr. Emil Weber Certified

Dr. Emil L. Weber, Evansville, has received word of his certification by the American Board of Neurological Surgery.

Dr. J. R. Matthew Reappointed

The Starke County Health Board has reappointed Dr. J. R. Matthew, Knox, county health officer for a four-year term.

YMCA Board Reelects Two Physicians

Drs. E. E. Rogers and Robert Edwards, Auburn, were recently reelected to four-year terms on the board of directors of the Auburn YMCA.

Dr. Sami on Cancer Crusade Program

Dr. A. W. Sami, Bedford, conducted a question-and-answer session for the Lawrence County Cancer Society recently. Also on the program was Mrs. Donna Minnick, Indianapolis, founder of the Reach to Recovery program in Indiana.

Dr. Hyde Receives Award

Dr. Carroll C. Hyde, South Bend, was recently named the 1975 recipient of the Cooper Foundation Award, which is presented annually for outstanding work with the youth of St. Joseph County. Dr. Hyde is a retired urologist who practiced his profession for 56 years. Eighty-two years old, Dr. Hyde has been active in the Boy Scouts of America since 1923.

Speaks at "Woman's Worry Clinic"

Dr. Donald McKinney, Otterbein, was one of the speakers at a "woman's worry clinic" held recently under the sponsorship of the Mental Health Association of Miami County. His topic was "Women and the Emotions of Chronic Disability."

Chairs JA Awards Committee

Dr. Donald Painter, Fort Wayne, a past president of the Allen County Medical Society, served as general chairman of the county's 1975 Junior Achievement Awards and Scholarship Committee. Governor Otis Bowen joined Dr. Painter in presenting awards to the winners of JA scholarships, travelships and company awards.

Ambulance Staff Member Honored

Dr. Virginia Wagner, Indianapolis, program chairman of the Indianapolis Soroptimist Club, spoke at the club's annual dinner meeting where members of Marion County General Hospital's ambulance division staff were honored. An award was presented to an emergency medical technical assistant selected by fellow team members.

Address ORT Workshop

Drs. Ronald Hamaker, Hans Geisler and **John Donahue, Indianapolis,** were among those who participated in the program of the Indianapolis area operating room technicians recently. Dr. Hamaker's topic was "Radical Neck Surgery," and Dr. Geisler spoke on "Radical Surgery for GYN Cancer," while Dr. Donohue lead a panel discussion on "Brain Death."

"Vacations" in Central America

Dr. John E. Gilliland, Franklin, recently returned from a three and one-half week "break" in his practice of obstetrics-gynecology. It was not a typical vacation, however, as Dr. Gilliland spent his time working in Nicaragua and Honduras through the Direct Relief Foundation of California.

The short-term service in Central America was nothing new for Dr. Gilliland. He served more than five years as a medical missionary in those same countries under the auspices of the Medical Mission of the Moravian Church.

Dr. and Mrs. William Tindall Honored

Dr. and Mrs. William R. Tindall, Shelbyville, were named co-winners of the Outstanding Service Award at the recent annual meeting of the Shelby County Chamber of Commerce.

Dr. Shapiro Reappointed

Dr. Seymour Shapiro, Merrillville, was recently reappointed to the Lake County Medical Center Study Commission. He is a veteran member of the agency which was created to establish a medical college and related facilities in Northwest Indiana.

Painting in ICS Hall of Fame Museum

Dr. W. P. Loh, Gary pathologist and clinical professor at the Chicago Medical School, was invited to present his painting on "Acupuncture" to the Hall of Fame Museum of the International College of Surgeons in Chicago. This was done on Jan. 21, 1975. The painting originally appeared on the cover of the *Journal of the American Medical Association,* Sept. 2, 1974.

Dr. Olga Bonke Booher Honored

Dr. Olga Bonke Booher, Indianapolis, was named the second recipient of the Maynard K. Hine Award at the annual program for Indianapolis constituent society alumni leaders of Indiana University recently. The award, established by the I.U. Alumni Association in 1973, is given for unique and significant contributions to Indiana University in Indianapolis.

★

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An English Doctor's "Personal View"

J. C. Spence, a general practitioner in Birmingham, England, was the author of "Personal View" in the February 15 edition of the *British Medical Journal*. Dr. Spence's opening paragraph is as follows:

"The practice has been fairly quiet recently and I have been able to indulge in the luxury of conversation with my patients. As usual, I have been pleasantly surprised not only by the interesting things they have done or are doing, but by the articulacy of some whom I had previously dismissed as hirsute, monosyllabic grunters. The saddest thing about general practice in the N.H.S. is that the exploration and enjoyment of humanity, which drew most of us into practice, are denied us by the circumstances in which we work."

Purdue Dean Appointed to Council

Mr. Jose A. Morales, dean of students in the School of General Studies at the Purdue University Calumet Campus in Hammond has been appointed to the National Heart and Lung Advisory Council of the National Heart and Lung Institute. He will participate in the evaluation of NHLI research programs.

High Rise Buildings, Fire Safety Subject of New Film, Cassette

The National Fire Protection Association has a new film which gives practical suggestions for those who may be trapped in a high-rise building on fire. It is in full color and sound and is available as a 16mm motion picture film or on 3/4" video tape cassette. The price is $180 per print or cassette. 470 Atlantic Ave., Boston 02210.

Public Affairs Pamphlet Offered

"Understand Your Heart" is the title of Public Affairs Pamphlet No. 514. It is authorized by Theodore Irwin, a prolific writer on health and social problems. The booklet summarizes, in lay language, what is known about how the heart functions, what the major types of heart troubles are, and what can be done to help heart patients. The price is 35 cents per copy with discounts for multiple copies. The address is 381 Park Ave., South, New York City 10016.

Market Commentary

First Half the Best

The rally this year has been very unusual.

Usually a market will carry its year-end rally over into middle or late January; react in February-May; develop a summer rally; react again, and then close with another year-end rally.

However, the way the market has climbed already this year suggests that perhaps 1975 is going to be an abnormal year and that instead of the usual series of rallies and declines, most of the rally will be seen the first part of the year.

This means that the last half of the year may be considerably more irregular than usual and the reaction could be deeper.

In view of the 200 point rise in the Dow since December, this would seem not only to be a normal pattern, but a very likely one as well for this year.

On this basis, then, clients should become increasingly cautious on any further rally and if no reserves are available, do some profit-taking in anticipation of rebuying this fall.

We believe the odds are heavily against this rally carrying much further, both from a time as well as a point standpoint.

Values Still Available

This is not to indicate that there are still not real values available in the market.

There certainly are—due to the severe 1973-74 bear market—but after a stock has doubled in a few months like some of the brokerage stocks, for example, the danger of buying into a reaction must be given serious consideration.

Most all clients should be fully invested for the long term and therefore there is little reason to continue to reach for stocks after such a long and uncorrected rally.

A far better procedure will be to simply hold your stocks and await the next major buying opportunity which could come this summer or fall.

This requires patience, but those who bought late last year know how fast stocks can mount when properly selected and bought at the proper time. We believe there may be just another such opportunity ahead before the end of the year.

Clients not satisfactorily invested could consider such undervalued issues as RCA, Taft Broadcasting, Dome Mines, Searle, Colgate-Palmolive, Anheuser-Busch and Dow Jones & Co.—**from Dow Theory Forecasts, Mar. 24, 1975. Reprinted with permission.**

UNIVERSITY CENTER

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For further information, write or call the Medical Secretary, The University Center, Box 621, Ann Arbor, Michigan 48107, Telephone: 313-663-5522. Brochure is available upon request.

ARNOLD H. KAMBLY, M.D.
Psychiatrist-Director



DAY BY DAY WITH THE F.D.A.

An airline was found negligent after spoiled food was served on a charter flight from Las Vegas to New York City. Investigation showed that the Nevada caterer was in compliance. However, when the flight was delayed 12 hours the airline did not notify the caterer and the food was not refrigerated during the delay.

* * *

Viable micro-organisms found in a can of imported mushrooms were identified as *Clostridium tetani*. The mushrooms also contained tetanus toxin. The lot was recalled and later the recall was expanded to two other members of the French Mushroom Packers Association.

* * *

Packages of snack food imported from Japan were found to contain corn chips all right but there was also an envelope containing calcium hydroxide. The Ca hydroxide was there to keep the contents dry and had a printed warning "Do Not Eat." The public was notified to avoid the product because the envelope could break and contaminate the food with strong alkali.

* * *

Insanitary food storing practices can be expensive. The entire contents of a Seattle warehouse—food valued at between $1 and 1½ million—was seized when cake mixes, flour and dry pet foods were found contaminated by rodents.

* * *

Egg testing for pesticide residues in Michigan revealed a high residue of chlordane in shell eggs. All the eggs were embargoed. The farm voluntarily destroyed about 1900 laying hens. It turned out that the supplier had recommended that the farmer spray his henhouse twice a year with chlordane.

* * *

A dairy in Ohio lost over $19,000 worth of milk because it was contaminated with the pesticide dieldrin.

* * *

A candy company in Brooklyn was fined for insanitary conditions and for shipping adulterated candy. A Boy Scout organization received candy which contained wood chips, scraps of paper and what appeared to be floor sweepings.

* * *

And then there was the Canadian candy company whose product caused at least 50 cases of illness due to *Salmonella* contamination.

* * *

The Indiana Board of Health found that a lot of blended cheese product was contaminated with *Salmonella*. The manufacturer voluntarily recalled the entire lot and converted it to fishbait.

* * *

The FDA is monitoring a nationwide recall of hair spray. The propellant for the package contained vinyl chloride monomer, a suspected carcinogen which might be dangerous if inhaled.

* * *

A lot of 155 cases of "creecy" greens in cans was seized in North Carolina when it was found that the greens were adulterated with cockleburs.

* * *

Insects were found in the production area of an infant formula processing plant. Over a hundred employees worked 12-hour shifts to correct the problem. The cost of the cleaning and the attendant loss of production was estimated at $300,000.

* * *

Two dairies in Vermont have signed a Consent Decree agreeing to cease shipping dairy products containing penicillin. Dairy cows treated with penicillin excrete the drug in the milk. Milk from a penicillin-treated cow may not be sold during a mandatory period after treatment is stopped.

* * *

The FDA warns that ornamental ceramics obtained abroad should be used for decorative purposes only. If used for food containers, dangerous amounts of lead will leach out of some such products. A ceramic bowl from Barbados contained leachable lead in the ratio of 850 parts per million. Later, due to deterioration of the glaze, the bowl yielded 1,425 ppm of lead.

* * *

The high cost of sugar has influenced some manufacturers to add saccharin to sugar or to substitute saccharin for sugar without declaring the saccharin on the label. The practice is illegal.

* * *

A large Florida cold storage facility containing over 8,000 tons of food valued at over $35 million had a break in its liquid ammonia refrigeration system with contamination of food with ammonia and thawing of some of the food. An independent research laboratory was hired to determine which of the products were safe for human consumption.

* * *

Nearly 50,000 bales of flour were seized in Indianapolis when investigators found that the storing conditions were insanitary. Rodent nests, gnawed bags, and rodent pellets were found. The value was $400,000.

* * *

A nail lengthener kit, called Long Nails, has been seized in quantity because one of its ingredients is methyl methacrylite monomer, a known sensitizer, which penetrates the skin and causes adverse reactions.

* * *

Two arthrities remedies, advertised as "Aspirin Free" were found to contain the pain reliever "salsalate" which converts to sodium salicylate in the body. The FDA is concerned about the possibility that patients may take both aspirin and the supposed aspirin-free preparations and become overdosed with salicylate.

* * *

The FDA is busy reminding beverage and food manufacturers that the use of saccharin as a substitute for sugar is legal only under certain conditions. The only legal uses for saccharin are in foods offered for calorie control and labeled as such. Sugar may be legally combined with saccharin only in diet beverages, and then the calorie content must be at least 50% less than in a similar product made exclusively with sugar.

* * *

Cyclamate is still banned from the market, and has been since 1969. Recently a company in St. Louis was found to have 800 pounds in bulk and 80,000 single servings. It had been held with the hope that it would be legal sometime. However it was seized—value $6,400.

* * *

Color television sets manufactured by the Matsushita Electric Company of America, marketed under trade names Panasonic, Penncrest and Bradford will be modified by the maker because they were found to be capable of emitting 5 to 25 times the maximum limits allowable for radiation emission. This is the first time deviation from Federal performance standards has been demonstrated.

* * *

Ackees, the national fruit of Jamaica, contain two toxins, Hypoglycin A & B. Despite the fact that the concentration of the toxins decreases as the fruit ripens, some is present in the mature fruit. It is estimated that over 5,000 deaths have occurred since 1886. A lot of 27 cases of canned Ackees was detanied recently at New York, having been shipped on an invoice listing 850 boxes of bananas and 27 miscellaneous boxes. There is no reliable method of testing toxicity in this fruit.

* * *

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 14-19, 1975
Place Atlantic City, N.J.

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE NURSES ASSOCIATION
Date Oct. 16-18, 1975
Place Atkinson Hotel, Indianapolis

INDIANA ACADEMY OF FAMILY PHYSICIANS
Date May 17-18
Place Stouffer's Indianapolis Inn

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date Oct. 20-22, 1975
Place French Lick Sheraton

INDIANA DENTAL ASSOCIATION
Date May 10-13, 1975
Place Indiana Convention-Exposition Center, Indianapolis

INDIANA STATE PODIATRY ASSOCIATION
Date June 15-18
Place Lake Geneva, Wis.

FUTURE MEETINGS, SEMINARS, COURSES

Asthma, Allergy Symposium at Denver

The 1975 National Asthma Center Symposium on Asthma and Allergy will be held from May 28 to 30 at the Cosmopolitan Hotel in Denver. The emphasis at this meeting will be on applied aspects of modern medical management. For details write the Center at 1999 Julian St., Denver 80204.

Manila to Host Radiology Congress

The Second Asian and Oceanian Congress of Radiology will be held in Manila Nov. 10 to 14. A Post-Congress program includes travel to Singapore, Bangkok and Hong Kong from November 15 to 23. For details write The Institute for Continuing Education, P.O. Box 11083, 2405 Westwood Ave., Richmond, Va. 23230.

Announce Conference on Medicolegal Implications of Emergency Medical Care

The First National Conference on the Medicolegal Implications of Emergency Medical Care will be conducted on June 8 to 10 at the Statler Hilton Hotel in Washington, D.C., under the auspices of American Society of Law & Medicine. Registration fee is $150 for non-members of ASLM, $135 for members and $20 for students who attend the program only. Write the Society at 454 Brookline Ave., Boston, Mass. 02215.

Wisconsin Medical College Slates "Emergency Care—The First 4 Hours"

"Emergency Care—The First 4 Hours" is an AAFP approved contining education course running for 1½ days Saturday, May 31, and Sunday, June 1, at the Medical College of Wisconsin, Milwaukee. For full information write or call Dr. William F. McManus, 8700 W. Wisconsin Ave., Milwaukee 53226, phone (414) 257-5552.

Otolaryngologic Assembly at Chicago

The Annual Otolaryngologic Assembly of 1975 will be held Nov. 8 through Nov. 14, 1975, in the Eye and Ear Infirmary of the University of Illinois Hospital. The Department of Otolaryngology of the Abraham Lincoln School of Medicine, University of Illinois at the Medical Center, offers a condensed basic and clinical program for practicing otolaryngologists under the direction of Emanuel M. Skolnik, M.D., with Burton J. Soboroff, M.D., as co-chairman. This program is designed to bring to specialists current information in medical and surgical otorhinolaryngology.

Interested otolaryngologists should direct their inquiries to the mailing address: OTOLARYNGOLOGY, P.O. Box 6998, Chicago, IL 60680.



DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

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County, District News

First District

Dr. Bernard Rosenblatt, trustee, has announced that the annual meeting of the First Trustee District will be held on May 8 at the Evansville Country Club.

Second District

The Elks Club at Vincennes will be the scene of the Second District meeting on June 11, according to Dr. Paul W. Holtzman, trustee.

Third District

The Marriott Inn, Clarksville, is the place, and September 13-14 are the dates for the annual meeting of the Third District, Dr. Eli Goodman, trustee, has announced.

Fourth District

Dr. Howard C. Jackson has announced that the Fourth District meeting will be held at Batesville, date to be announced.

Fifth District

May 14 is the date selected for the annual meeting of the Fifth District, according to Dr. Cleon M. Schauwecker, and the Holiday Inn, Terre Haute, is the place.

Sixth District

Dr. Paul M. Inlow has announced that the Sixth District meeting will be held on May 15 at Forest Hills Country Club, Richmond.

Seventh District

Drs. John O. Butler and Joseph F. Ferrara, Seventh District trustees, have announced that the annual meeting for that district will be held at the Hillview Country Club, Franklin, on May 14.

Eighth District

The annual meeting of the Eighth Trustee District will be held at Portland on June 4, according to Dr. Richard G. Ingram, trustee.

Ninth District

Dr. William M. Sholty, Ninth District trustee, has announced that the annual meeting for that district will be held at the Curtis Creek Country Club, Rensselaer on June 12.

Eleventh District

Delphi is the place and Sept. 17 the date for the 1975 meeting of the Eleventh Trustee District, according to Dr. James A. Harshman, trustee.

Thirteenth District

Dr. G. Beach Gattman announces that the Thirteenth Trustee District will hold its annual meeting at the South Bend Country Club on Sept. 10.

Bartholomew-Brown

Forty-two members were present at the March meeting of the Bartholomew-Brown County Medical Society at the Otter Creek Country Club. Field Secretary Robert Amick gave a report on H.B. 1460 and on the AMA suit against the federal government on account of utilization review. Local Comprehensive Health Planning matters were also discussed and a committee appointed to deal with current problems.

Carroll

Dr. Charles L. Wise, Camden, is the new president of the Carroll County Medical Society. Dr. Robert Seese, Delphi, is serving as secretary.

Cass

Dr. Merrill Ritter, Indianapolis, addressed the members of the Cass County Medical Society on "Total Knee and Hip Replacement" at their April meeting.

Clinton

Newly elected officers of the Clinton County Medical Society are: President, Dr. Albert E. Applegate; secretary, Dr. Charles E. Bush. Both are of Frankfort.

DeKalb

Dr. Benjamin R. Graber, Waterloo, is serving as president of the DeKalb County Medical Society, with Dr. Harland V. Hippensteel, Auburn, continuing as secretary.

Dearborn-Ohio

Dr. C. P. Hobeika, Cincinnati otologist, spoke on "Hearing Loss and Its Management" at the April meeting of the Dearborn-Ohio County Medical Society.

A new member, Dr. John Longcamp, pediatrician, was accepted into membership. He will be associated with the Ludlow Hill Clinic, Lawrenceburg.

Dubois

Field Secretary Robert J. Amick reported on the status of H.B. 1460 and other bills pertaining to medicine in the Indiana General Assembly at the March meeting of the Dubois County Medical Society. He also discussed the AMA suit against the federal government. Thirty-eight members were present.

Elkhart

At the April meeting of the Elkhart County Medical Association at the Elcona Country Club members heard a talk on "Chronic Obstructive Lung Disease and Blood Gas Studies." The speaker was Dr. Bart Rusk, Indianapolis.

Fayette-Franklin

Thirteen persons were present for the March meeting of the Fayette-Franklin society meeting at the Connersville Country Club, at which Dr. Stephen Marsh of Indianapolis was the speaker. His topic was "Diagnosis and Treatment of Coronary Artery Disease."

Floyd

Thirty-nine were present for the March meeting of the Floyd County Medical Society, in spite of the heavy snow. They heard a report by Field Secretary Robert J. Amick with regard to the bills introduced in the Indiana General Assembly of particular interest to physicians.

Fountain-Warren

Wives of members were guests at the April meeting of the Fountain-Warren County Medical Society. Dr. Max N. Hoffman, president, announced that the blood pressure project would be carried out at the end of the month, as discussed at the March meeting. The Patients' Compensation Act, pending before the Indiana General Assembly, was also discussed.

Hancock

"Cardiac Catheterization" was the topic of the talk given by Dr. Robert Reed, Indianapolis, before the members of the Hancock County Medical Society and their wives at the March meeting.

Henry

The new president of the Henry County Medical Society is Dr. Calvin N. Steussy, New Castle, and the secretary is Dr. Donald E. Vivian.

Jackson

A film on the "Hyperkinetic Child" was shown at the April meeting of the Jackson County Medical Society, and Field Secretary Robert Amick reported on the legislative situation in Indiana and nationally.

Lake

Serving as officers of the Lake County Medical Society are the following:

Dr. Walfred A. Nelson, president; Dr. David E. Ross, vice-president; Dr. Thomas A. Gehring, secretary-treasurer. Members of the Board of Trustees are Drs. Lambro Dimitroff, Gehring, Bonaventura, William Nowlin, Ronald Reed, Ronald Feldner, John J. Reed and R. James Bills.

Presidents of the various Branches are: East Chicago-Whiting, Dr. F. Adler; Hammond, Dr. B. M. F. Palmer; Gary, Dr. J. A. Carey; South, Dr. R. Wylie.

Delegates to the ISMA convention will be: Drs. L. Neal, P. Gutierrez, Nelson, W. Grosso, Ross, C. Egnatz, T. Tyrrell, N. Polite, T. Espy and Gehring, with the following serving as alternate delegates: Drs. W. Repay, A. Rieser, D. Rudser, S. Gonzalez, L. Trachtenberg, Bills, J. Reed, Barton and L. Wolf.

Morgan

Dr. Oliver R. Wilson, Morgantown, has been named president of the Morgan County Medical Society, and Dr. Kenneth Comer, Mooresville, secretary.

Porter

Dr. Arthur White, professor of medicine at Indiana University School of Medicine, spoke on "Pneumonia" at the March meeting of the Porter County Medical Society. Afterwards, Field Secretary Howard Grindstaff discussed H.B. 1460 and the Medical Practice Act. He also answered questions relating to those pieces of legislation and to the suit by the American Medical Association against the federal government on utilization review.

At the March meeting of the Executive Committee of the society, Dr. F. M. Sturdevant was appointed to serve as preceptor for Dr. Nan Lei who plans to begin the practice of obstetrics and gynecology in July with Dr. Alexander Shevick, Valparaiso.

Posey

The newly elected president of the Posey County Medical Society is Dr. Harold E. Ropp, New Harmony, succeeding Dr. Paul Boren, who retired recently. Dr. Herman Hirsch, Mount Vernon, is secretary.

Pulaski

New officers of the Pulaski County Medical Society are: Dr. Harold J. Halleck, president; Dr. William R. Thompson, secretary-treasurer; Dr. E. Hollenberg, delegate, and Dr. Thompson, alternate delegate. All are of Winamac.

Ripley

The new officers of the Ripley County Medical Society are: President, Dr. A. A. Daftary, Batesville, and secretary, Dr. Armand E. Jaojoco, also of Batesville.

Rush

Dr. Patrick W. Connerly, Rushville, will serve as president of the Rush County Medical Society for the coming year, with Dr. Charles Sheets, Manilla, continuing as secretary.

St. Joseph

Dr. Vincent Santare, Munster, president-elect of the Indiana State Medical Association, discussed medical liability problems at the April meeting of the St. Joseph County Medical Society. Mr. Leo Brown of the American Medical Association spoke on "What Has the AMA Done for Me?" Sixty-eight physicians were in attendance.

Washington

New officers of the Washington County Medical Society are: Dr. V. J. Tadatada, president; Dr. Donald Martin, vice-president; Dr. Eddie R. Apple, secretary-treasurer. All are of Salem.

White

The White County Medical Society has named Dr. Nolan A. Hibner, Monticello, president. Dr. W. Martin Dickerson, also of Monticello, continues as secretary.



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Deaths

Robert R. Acre, M.D.

Dr. Robert R. Acre, 79, former Evansville urologist, died Mar. 26 at a nursing home in Owensboro, Ky.

In 1920 he was graduated from the Indiana University School of Medicine and then interned at Indianapolis City Hospital. He practiced in Evansville for 50 years and was a staff member at Deaconess, Welborn Baptist and St. Mary's hospitals in Evansville and the Methodist Hospital, Henderson, Ky. He was also a consultant in urology at Evansville State Hospital.

Dr. Acre was a past president of the Vanderburgh County Medical Society and was a member of the American Medical Association, American Urological Association and the North Central Urology Association. He was a Senior Member of the Indiana State Medical Association.

Camden G. Bothwell, M.D.

Dr. Camden G. Bothwell, Martinsville, died Feb. 20 at his home. He was 87 and retired in 1952, having begun his practice in Martinsville in 1913 following his graduation from the Indiana University School of Medicine.

Joy F. Buckner, M.D.

Dr. Joy F. Buckner, retired Bluffton physician and former county coroner, died March 13, 1975, at Wells Community Hospital. He was 77.

A 1926 graduate of the Indiana University School of Medicine, Dr. Buckner was a veteran of World War I. In addition to practicing in Bluffton since 1944, Dr. Buckner had also practiced in Fort Wayne, North Manchester and West Virginia.

Dr. Buckner retired in 1963. He was a member of the Wells County Medical Society, American Medical Association, and was a Senior Member of the Indiana State Medical Association.

Charles Thomas Disney, M.D.

Dr. Charles T. Disney, formerly of Gary, was killed in a traffic accident in Houston, Texas, Feb. 17. He was 51.

Dr. Disney obtained his M.D. degree at Emory University in 1950 and interned in Phoenix, Ariz. Following practices in Georgia and Michigan, he came to Gary in 1962 as the first director of the new medical department of the Sheet and Tin Division of United States Steel. He shortly went into private practice and was on the staff at Gary's Methodist and Mercy hospitals, serving as chief of the Department of Medicine. He was certified by the American Board of Preventive Medicine.

A member of the Lake County Medical Society, Dr. Disney served as a delegate to the ISMA annual meeting in 1966 and 1967 and as alternate delegate in 1968. In 1968 he was elected alternate councilor to finish the unexpired term of Dr. Herman Wing. He was also a member of the American Medical Association.

Fred Earl Dunbar, M.D.

Dr. Fred Earl Dunbar, Marion, died April 4, 1975, at home. He was 52.

He was licensed in Indiana in 1957 following his graduation from the Indiana University School of Medicine. He interned at Memorial Hospital, South Bend, and became the physician for the Fisher Body Division of General Motors Corporation in Marion in 1958. He started his part-time practice in 1958 and full time practice in 1961.

During World War II he served with U.S. Army in Europe.

A member of the Grant County Medical Society, he was also a member of the American Medical Association.

John Stephen Duncan, M.D.

Dr. John S. Duncan, 77, who practiced in Lake County for 42 years, died March 6 at Colonial Manor in Greensburg, where he had resided since his retirement in 1972.

He was a 1926 graduate of Rush Medical School, interned at Cook County Hospital and then practiced in East Chicago for four years and for 38 years in the Tolleston section of Gary. A general practitioner, he was on the medical staff of Gary's Mercy and Methodist hospitals.

Dr. Duncan was a member of the Lake County Medical Society and the American Medical Association and in 1968 became a Senior Member of the Indiana State Medical Association.

Wenfred J. Fuson, M.D.

Dr. Wenfred J. Fuson, 73, Greencastle, died Feb. 25, 1975, at the Putnam County Hospital.

Dr. Fuson first practiced in Amo following his graduation from the Indiana University School of Medicine in 1928. In 1939 he moved to Greencastle, retiring in 1960.

During World War II Dr. Fuson served with the Army Air Force in England with the Duke University Hospital Unit.

A Senior Member of the Indiana State Medical Association, Dr. Fuson was also a member of the Putnam County Medical Society and the American Medical Association.

William Edwin Gabe, M.D.

Dr. William E. Gabe, 81, retired Indianapolis surgeon, died December 16, 1974.

A graduate of Harvard Medical College in 1918, Dr. Gabe interned at Peter Bent Brigham Hospital, Boston, and practiced in Indianapolis until he retired in 1958.

Dr. Gabe was a Senior Member of the Indiana State Medical Association and became a member of its 50-Year Club in 1968. He was also a member of the Marion County Medical Society and the American Medical Association.

Oscar D. Havens, M.D.

Dr. Oscar D. Havens, Noblesville, died Mar. 24 in an Indianapolis restaurant. He was 60.

He graduated from Indiana University School of Medicine in 1942 and interned at Methodist Hospital. He had practiced at Noblesville more than 30 years and specialized in the treatment of diabetes. He was on the medical staff of Riverview Hospital.

He was a member of the Hamilton County Medical Society and the American Medical Association.

Galen M. Hover, M.D.

Dr. Galen M. Hover, 78, died Feb. 22, 1975, at Clark County Memorial Hospital, Jeffersonville.

Following his graduation from the University of Pittsburgh Medical School in 1925, Dr. Hover interned at William Beaumont Hospital, El Paso, and was licensed in Pennsylvania in 1926. He was licensed in Indiana in 1954, and his practice was limited to industrial medicine while in Indiana.

Dr. Hover served in both Warld War I and World War II. He served in the Pacific Theater for 36 months and was chief of medical service in a general hospital in Hawaii and Guam.

He was a member of the Clark County Medical Society and the American Medical Association.

Kenneth O. Neumann, M.D.

Dr. Kenneth O. Neumann, 60, Lafayette, died March 1 in Home Hospital.



A past president of the Indiana State Medical Association (1966) and of the Tippecanoe County Medical Society. Dr. Neumann, who had served as Tippecanoe County health officer since 1947, was also a past president of the Indiana Health Officers Association. He had served as ISMA Council chairman and as an alternate delegate to the American Medical Association.

He graduated from the Indiana University School of Medicine in 1938, interned at St. Francis Hospital, Evanston, Ill., and did his residency at Home Hospital.

At the time of his death Dr. Neumann was a member of the Medical Advisory Board of Blue Cross-Blue Shield and chairman of the ISMA Committee on Medical Economics and Insurance. He was also a member of the I.U. Medical School Alumni Council.

During World War II he served with U.S. Army.

James W. McEwen, M.D.

Dr. James W. McEwen, Terre Haute, died April 1 in University Hospital, Indianapolis. He was 71.

A graduate of the University of Pittsburgh Medical School with the Class of 1929, Dr. McEwen interned at South Side Hospital, Pittsburgh and was a resident at Buffalo City Hospital, Buffalo, N.Y. He was certified by the American Board of Ophthalmology in 1937. He had been in practice in Terre Haute since 1933.

Dr. McEwen served with the Army Medical Corps from 1940 to 1945, attaining the rank of Lt. Colonel.

He was a member of the American Academy of Ophthalmology and Otolaryngology, the American Medical Association and the Vigo County Medical Society. He was a Fellow of the Internation College of Surgeons and a Senior Member of the Indiana State Medical Association.

Edward P. Mininger, M.D.

Dr. Edward P. Mininger, 64, Elkhart obstetrician and gynecologist, died March 16 in University Hospital, Iowa City, Iowa.

He was a graduate of the University of Kansas School of Medicine with the Class of 1939, interned at Cleveland City Hospital and was a resident at Cleveland City Hospital in 1940 and 1945 and at Lakeside Hospital in 1941 and 1942.

Dr. Mininger was on the medical staff of Elkhart General Hospital, was a past president of the board of directors of Oaklawn Psychiatric Center, was on the advisory committee of Dr. Norman Beatty Hospital, Westville, and also served on the Governor's Advisory Council for Mental Health.

He was a member of the American Medical Association, American College of Obstetrics and Gynecology and the Elkhart County Medical Society.

George Winn Seward, M.D.

Dr. George W. Seward, North Manchester, died Feb. 11 in Lutheran Hospital, Fort Wayne. He was 68.

A graduate of Creighton University Medical School, Omaha, Dr. Seward served an internship at St. Catherine's Hospital, Omaha, and was a resident at Illinois Eye and Ear Infirmary at Chicago. He also did postgraduate work at Gill Memorial Eye, Ear, Nose and Throat Clinic at Roanoke, Va., coming to North Manchester in December 1935.

Dr. Seward served in the U.S. Air Force from 1942 to 1946 retiring with the rank of Major.

His memberships included the Indiana Academy of Ophthalmology and Otolaryngology, the Wabash County Medical Society and the American Medical Association.

John Theron Short, M.D.

Dr. John T. Short, 84, retired Fort Wayne urologist, died March 12, 1975, in Lutheran Hospital, Fort Wayne.

A 1915 graduate of the University of Pennsylvania School of Medicine, Dr. Short interned at Lankenau (German) Hospital, Philadelphia, and was licensed in Indiana in 1920, following service with the Navy in World War I which included European duty. During World War II he served on the Selective Service Medical Advisory Board.

Dr. Short was certified by the American Board of Urology in 1936 and by the International Board of Surgery in 1950. He had been a member of the Lutheran Hospital medical staff since 1921 and served as staff secretary from 1924 to 1933. In 1938 he was president of the staff.

He was also a member of the American Medical Association, the Allen County Medical Society, Fort Wayne Academy of Medicine and Surgery and the Indiana Urological Association. He was a Senior Member of the ISMA and in 1965 became a member of the 50-Year Club.

Robert W. VanBokkelen, M.D.

Dr. Robert W. VanBokkelen, 61, Mooresville, died Feb. 10 in his auto in front of his office, apparently the victim of a heart attack.

He obtained his medical education at the University of California, graduating in 1940. He interned at Grant Hospital, Columbus, Ohio, and was a resident at Kings County Hospital, Brooklyn, N.Y., becoming licensed in Indiana in 1943. He had practiced at Mooresville for 31 years.

A former president and secretary of the Morgan County Medical Society, Dr. VanBokkelen twice served as delegate to the ISMA annual meeting. He was also a member of the American Medical Association.

About Our Cover

The striking photograph of the laboratory of David Dale Owen, New Harmony, first U.S. geologist and founder of the Indiana Geological Survey, was taken by Walter Niekamp, Bloomington.

Although he never practiced medicine, David Dale Owen obtained an M.D. degree in 1837 from the Cincinnati Medical College, having decided that a medical education was essential to broaden his scientific training.

COMMERCIAL ANNOUNCEMENTS

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PURDUE DEFIBRILLATION CONFERENCE

The Biomedical Engineering Center of Purdue University will hold a conference in Lafayette, Indiana, from October 1 to 3, 1975, covering the practical and clinical aspects of cardiac defibrillation. The speakers have been selected based upon their positions as leaders in their respective fields. The topics to be discussed include clinical, basic science, and engineering aspects of electrical defibrillation as it pertains to the needs of physicians, nurses, emergency medical personnel, hospital engineers, equipment manufacturers, and research scientists. The state-of-the art of defibrillation techniques will be presented and examined critically and a major goal of this three-day conference will be to integrate all available technology for optimization of ventricular defibrillation. The registration fee of $95 includes proceedings and two luncheons.

For further information, please Write: Division of Conferences and Continuation Services, Stewart Center, Purdue University, West Lafayette, Indiana 47907; or Phone: (Area Code 317) 749-2533

HIGH INCOME REAL ESTATE INVESTMENT. Real estate's best with no maintenance. $110,000 equity mobile home park. Expansion potential to $3 million and at your pace. Reply Box 398, The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

EMERGENCY ROOM PHYSICIAN — to join an existing group of three at Riverview Hospital, Noblesville, Indiana 46060, at $40,000.00 per year. Call Peter Mariani, administrator, Riverview Hospital, 317-773-0760.

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Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

15¢ for each word
$3.00 minimum

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

WANTED—CHIEF MEDICAL OFFICER to activate and direct a modern VA Ambulatory Care Clinic in Evansville, Indiana. Clinic will utilize many of the newest concepts in health care delivery and is scheduled to open soon.
Beginning salary up to $36,000 depending on qualifications. 30 days vacation, 15 days sick leave, educational opportunities and many benefits. Licensed in any state. An Equal Opportunity employer. Contact Chief of Staff, VA Hospital, Marion, IL 62959 Tel: 618-993-2151.

MEDICAL DIRECTOR for Division of Services for Crippled Children, Indiana State Department of Public Welfare. Plan and organize the statewide program. Requirements: license to practice medicine in the State of Indiana; four years of full-time practice, including one year in public health. Certification in pediatrics or orthopedics may be substituted for the year of public health. Contact Indiana State Department of Public Welfare, Dan Sacks, Personnel, 317-633-6403.

GENERAL SURGEON, board eligible, wishes to relocate. Willing to do some general practice. Prefers solo, small city with good hospital. Good references. Indiana license. Available immediately. Box 400, THE JOURNAL, 3935 N. Meridian St., Indianapolis 46208.

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June 1975 • Vol. 68 • No.6 • Indianapolis

The Journal of the Indiana State Medical Association

Roster and Yearbook Issue



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this issue, in full

INDIANA'S NEW MEDICAL PRACTICE LAW and PROFESSIONAL LIABILITY LAW

Both often



- Predominant psychoneurotic anxiety
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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

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respond to one

According to her major symptoms, she is a psychoneurotic patient with severe anxiety. But according to the description she gives of her feelings, part of the problem may sound like depression. This is because her problem, although primarily one of excessive anxiety, is often accompanied by depressive symptomatology. Valium (diazepam) can provide relief for both—as the excessive anxiety is relieved, the depressive symptoms associated with it are also often relieved.

There are other advantages in using Valium for the management of psychoneurotic anxiety with secondary depressive symptoms: the psychotherapeutic effect of Valium is pronounced and rapid. This means that improvement is usually apparent in the patient within a few days rather than in a week or two, although it may take longer in some patients. In addition, Valium (diazepam) is generally well tolerated; as with most CNS-acting agents, caution patients against hazardous occupations requiring complete mental alertness.

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in psychoneurotic anxiety states with associated depressive symptoms

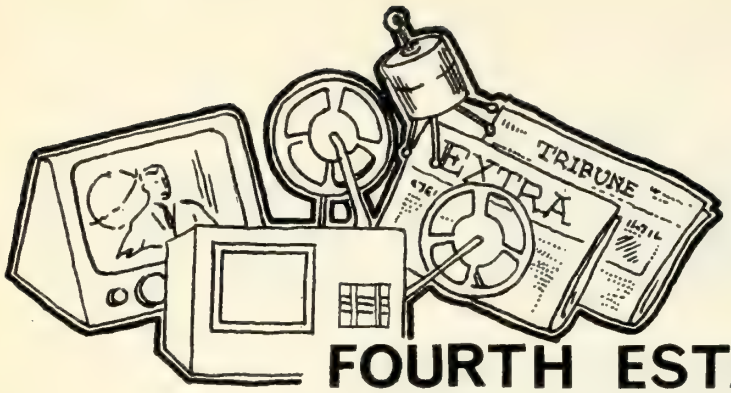
surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE

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Nutley, New Jersey 07110



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Public Be Damned

Citizens of the U.S. are going to be mandated to accept socialism under the guise of "salvation" with the proposed National Health Insurance (NHI) program.

Under NHI the taxpaying citizen will be forced to surrender part of his income to support a government program filled with more uncertainties than assurances so that an alleged medical care crisis would be corrected.

With the working citizens already on a disheartening treadmill because of ever increasing burdens resulting from government-implemented programs, the last thing they need is a new $100 billion program controlled by the federal government.

Most NHI proposals call for a payroll tax. Since 1965 payroll taxes for Social Security and Medicare have increased eight times. The combined taxes amount to 11.7 per cent on the first $13,200. Present laws call for even more increases. We question the need and prudence of any proposal imposing billions of dollars in new payroll taxes on an already staggering tax load.

The opinion of some Congressmen is that "every citizen has a right to quality health care and that it is the responsibility of the government to take care of this matter." No one seems concerned about the taxpayer's right. This should be the government's first consideration in a country where freedom is the key theme.

National Health Insurance has been discussed in the U.S. since 1910 but no one took the matter seriously until 1970 when President Nixon declared the nation to be in the midst of a "massive health care crisis." Most professional health care providers and numerous insurance companies reject that assessment.

Those in the political arena are trying to jump on the health care bandwagon making us wonder if the "crisis" is no more than another political circus promising a "free ride" for a few more votes.

Only 11 per cent of the nation's population is without health protection of some type. We do not feel that this small percentage warrants NHI taking priority over other problems now facing all of the nation's population—economy and inflation, to name two. Further, the government ought not interfere with private enterprise by placing business in competition with government.

Most proposals would involve a comprehensive health insurance program mandating every citizen to participate. The change from medical fees paid by citizens to "free" health care would disrupt the health care system. To think of doing away with the present system without any assurance of something better than replacing it with nothing more than a dream of universality and comprehensiveness is unwise and potentially dangerous.

Once the government makes an open-ended commitment to national health care it will open the floodgates to insuperable problems. Medicare is a prime example of government bungling resulting in waste and mismanagement. Blow this program up to a full-scale NHI program and it is obvious that the outlook is forbidding. A massive superstructure of bureaucracy and mounds of government paperwork would be required for the largest federal program in this nation's history—all at the expense of the taxpaying citizen.

Many legislators operate under the assumption that problems will automatically disappear when laws are passed. They ignore or minimize the problems that legislation invariably creates. The uncertainties of a NHI program are many: What will the program cost (estimates are nearly $100 billion)? How will it be financed? Will it prevent overutilization of the system? What will be its effects on the economy and will it completely disrupt the present system?

Although NHI has proven disastrous to the health and national budget of every country where it's been tried, surveys show that the results in the U.S. would be infinitely worse.

We agree with Dr. Francis Davis

who was quoted in the publication *Private Practice* as saying, "If Congress passes NHI, quality medical care at reasonable prices will disappear for most Americans. Not only will NHI come close to bankrupting the nation that is already reeling from government-caused inflation but medicine in the U.S. will be dealt a blow from which it may never recover."

Why should the government which has already proved itself incompetent in the medical field and has no constitutional warrant for this type of intrusion be considering NHI? We believe it would be calamitous and a tragedy to this nation to embark upon a program so dangerously close to socialism.

There is yet another crisis: the moment of decision for every working American citizen. It is time to speak out on this issue and decide how much of a tax burden you are willing to assume.—**Crawfordsville Journal and Review,** Apr. 4, 1975.

'Proud To Be A Hoosier'

To the Editor of The Star:

Once again I'm proud to be a Hoosier.

I was appalled on learning of the problems which all of us in this state faced because of doctors' and hospitals' difficulties in getting adequate insurance at affordable rates. The degree of loss to all of us of the fine medical and hospital care to which we had become accustomed would have been staggering.

Don't believe that there is nothing an individual can do about problems.

One of my finest experiences was testifying before House and Senate hearings on the issue. Representative Harris and the House Labor Committee stayed in one night session from 7:30 until midnight, and Senator Duvall and the Senate Judiciary Committee let their session last nearly six hours.

Committee members received us graciously, asked probing questions and impressed us with their concern and realization of the need for immediate legislation. No partisanship was shown.

It was heart-warming to watch a large group of fine, intelligent people working with such devotion for the welfare of the people of Indiana. Legislators heard doctors, attorneys, hospital administrators, insurance executives, all highly qualified to speak, with statistics and technical information about the problem and possible alternatives. I am sure they wondered what I, a retired schoolteacher, was doing there. But they listened courteously and attentively to all of us.

This is not an Indiana problem only but a national one. Dedicated members of Indiana's legal and medical professions, in co-operating to put together an acceptable bill, have led the way for other states.

I was particularly gratified that no one had to go to Washington for help with the matter. Congress quite likely would have found it necessary to increase the national debt by several million dollars to make a study of perhaps five years, and many of us could have died before Congress got around to doing anything.

A network news commentator recently noted that the states were running their affairs much more efficiently than the national government was functioning. This was an example. Our governor and the members of our legislature have again demonstrated that they can take care of our problems—and without any fanfare or personal publicity-seeking.

BETTY MUMAW
5707 Brockton Drive, Indianapolis.
—*The Indianapolis Star,* Apr. 15, 1975. Reprinted with permission.



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JUNE 1975

The Journal
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EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 3266 N. Meridian St., Room 705, Indianapolis 46208. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

Advertising rates will be furnished on request. Copy must be received by the 1st of the month preceding month of issue. (Scientific manuscripts must be received at least two weeks earlier if geared for a specific issue.)

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Maybe the patient's self-diagnosis is right. He could have hay fever. But that bright red nasal mucosa, along with the thick discharge and excoriation around the nares, strongly suggests that the main problem is a cold. Hay fever or another form of allergic rhinitis may or may not be an underlying factor.

If a complete history and examination rule out allergic rhinitis, the long-term outlook will be a lot more favorable than his own "diagnosis" would have indicated.

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when pain goes on... and on... and on–



For the patient with a terminal illness, PAIN past, present, and future can dominate his thoughts until it becomes almost an obsession. The more he is aware of the pain he is now experiencing, the more difficult it is to erase his memory of yesterday's pain, and to allay his fearful anticipation of tomorrow's pain.

Surely the last thing this patient needs is an analgesic containing caffeine to stimulate the senses and heighten pain awareness. A far more logical choice is Phenaphen with Codeine. The sensible formula provides ¼ grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?

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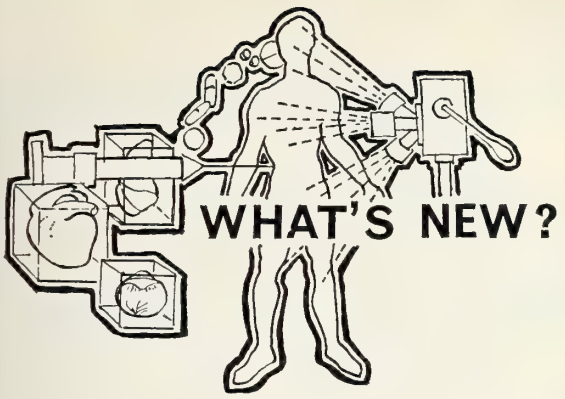
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Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate, ¼ gr. (No. 2), ½ gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming).

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Ⓒ Phenaphen with Codeine is now classified in Schedule III, Controlled Substances Act of 1970. Available on written or oral prescription and may be refilled 5 times within 6 months, unless restricted by state law.

A. H. Robins Company, Richmond, Va. A·H·ROBINS



Upjohn reports that supply shortages of the new antiarthritis drug, Motrin, have developed because use of the drug has exceeded expectations. Increase in facilities for making the bulk product, and for tableting and coating are under way at present. A third manufacturing shift has already been trained.

* * *

North-Holland Publishing announces a 3-volume work on "Methods of Investigative and Diagnostic Endocrinology." Volume I covers the thyroid and biogenic amines. Volume II deals with peptid hormones, and Volume III the steroid hormones. The prices, in the same order, are $53.95, $107.75 and $32.95.

* * *

Schering is introducing Diprosone Cream 0.05% (betamethasone diproprionate) for treatment of skin diseases such as psoriasis, atopic dermatitis, contact dermatitis, and seborrheic dermatitis, which usually respond to corticosteroid therapy. Occlusive dressings are not required.

* * *

Delbay Pharmaceuticals is introducing a new broad-spectrum topical antifungal in the U.S. Lotrimin is the brand name of their clotrimazole which is effective against a wide range of topical dermatophyte and yeast infections. Lotrimin is the only single-entity pharmaceutical approved for use against tinea pedis, tinea corporis, tinea cruris, candidiasis and tinea versicolor.

* * *

Orthopedic Equipment of Bourbon has a new universal knee immobilizer which will fit all leg sizes. The Stay/Strap assembly system moves laterally or medially in direct correlation to the lateral and medial support the surgeon has prescribed. The UNIVERSAL KNEE IMMOBILIZER is available in 13-inch, 18-inch and 23-inch lengths.

* * *

McGraw-Hill has a new release, a book "Youth in Old Age," by Alexander Leaf, M.D., and John Launois. The two authors visited three mountainous locations in the world inhabited by people who live much longer than average. Life styles of the centenarians are examined and discussed. Illustrated. $8.95.

* * *

Wyeth Laboratories has introduced LO/OVRAL®, a new low-dose oral contraceptive containing 0.3 mg norgestrel and 0.03 mg ethinyl estradiol. The preparation is available in PilPak® dispensers designed to help patients follow the dosage schedule.

St. Martin's Press has released "Having a Baby—A Complete Guide for the Mother-To-Be." The author is Dr. Eric Trimmer. It is written in diary form by Jane Ray to record her day-to-day experience with pregnancy. Dr. Trimmer's comments appear next to diary entries. Dr. Trimmer is a busy general practitioner, the editor of the British Journal of Sexual Medicine, and a well-known medical writer. The price is $7.95.

* * *

Corning has an automatic white blood cell differential counter which is now in production. It is expensive but payments are arranged according to the hospital's salary scales and daily workload for differential white counts. A special motor vehicle is equipped with the counter for visiting hospitals in the Middle West this spring for demonstrations.

* * *

Lippincott has released "Easy Walking," a book written by a young man, Jonathan Nasaw, himself the victim of paraplegia. The story concerns his experiences, including that of learning to walk again. The book is described as tremendously hopeful, rich in humor and fun and joy. Price is $7.50.

* * *

RJB Publishers announce a new workbook which is designed as a basic text for Emergency Medical Techs. It is keyed to the Grant/Murray EMERGENCY CARE manual and can also function as a self-study review guide. 163 pages, 30 illustrations, $4.95.

* * *

Orthopedic Equipment Company of Bourbon, Ind., has released a new brochure on the Rush 90/90 Traction System which is designed to aid treatment of nerve root disorders, sciatica, low back muscle spasm and minor muscle ligament strain. For further information write the company. Their ZIP is 46504.

* * *

The Staley Corporation is introducing Super STA-SEAL, a non-yellowing adhesive plastic sheet which may be used front and back to protect important papers. The material comes in many sizes to fit any purpose from wallet cards on up.

* * *

The Photographic Products Division of Realist, Inc., is introducing the Macro Stereo Photographic System. It is aimed primarily at the medical and health fields. The system includes the stereo camera, a mounting system, portable viewers and a new stereo projector.

* * *

Hacker Instruments has a special low-vibration stand for the camera used for photomicrographs. It was developed because cameras attached to microscopes always tend to vibrate. The new stand has a large base and an adjustable pillar and arm. The camera support arm may be swung out and replaced without losing the original setting.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

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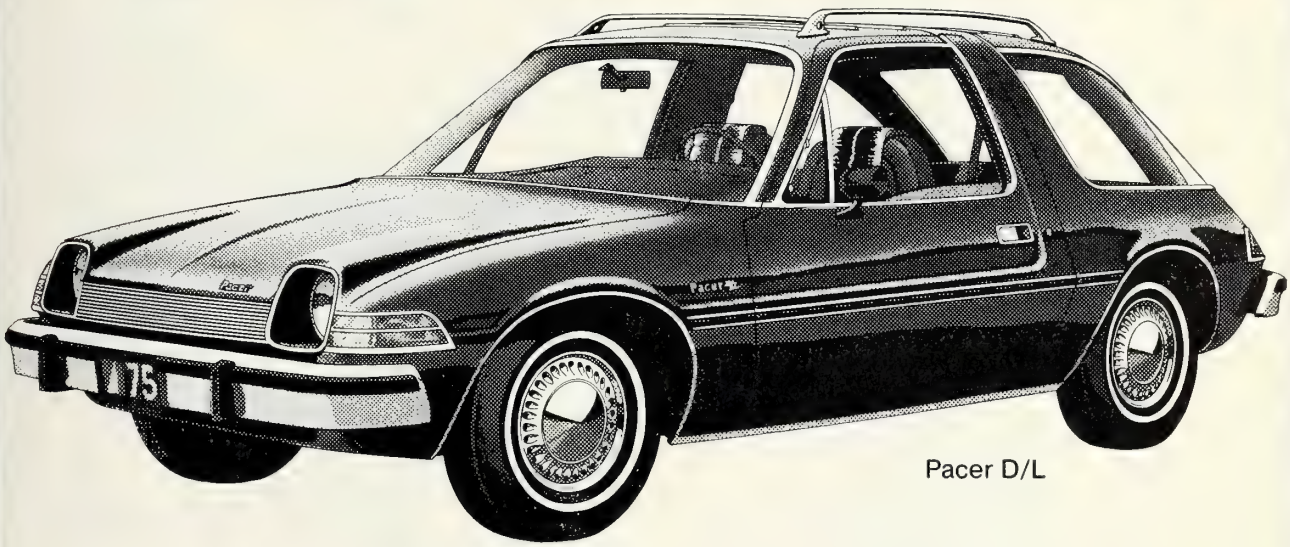
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3.	Claude J. Meyer, Jeffersonville	Charles X. McCalla, Paoli	Sept. 13-14, Clarksville
4.	A. A. Daftary, Batesville	Lanny Copeland, Osgood	June 4, Batesville
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8.	Eugene M. Gillum, Portland	James S. Fitzpatrick, Portland	June 4, 1975, Portland
9.	Arthur Schoonveld, Brook	Kenneth Ahler, Rensselaer	June 12, 1975, Rensselaer
10.	Joseph M. Siekierski, Griffith	James R. Brown, Valparaiso	Sept. 24, 1975, Valparaiso
11.	George W. Wagoner, Delphi	Fred Poehler, La Fontaine	Sept. 17, 1975, Delphi
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References: 1. Reuter, S.H., and Montgomery, W.W.: Arch. Otolaryng. *80*:214-217 (Aug.) 1964. **2.** Osol, A., et al., ed.: The United States Dispensatory and Physicians' Pharmacology, ed. 26, Philadelphia, J.B. Lippincott Co., 1967, p. 171. **3.** Schwartz, A.D., and Pearson, H.A.: J. Pediat. *78*:558-560 (March) 1971.

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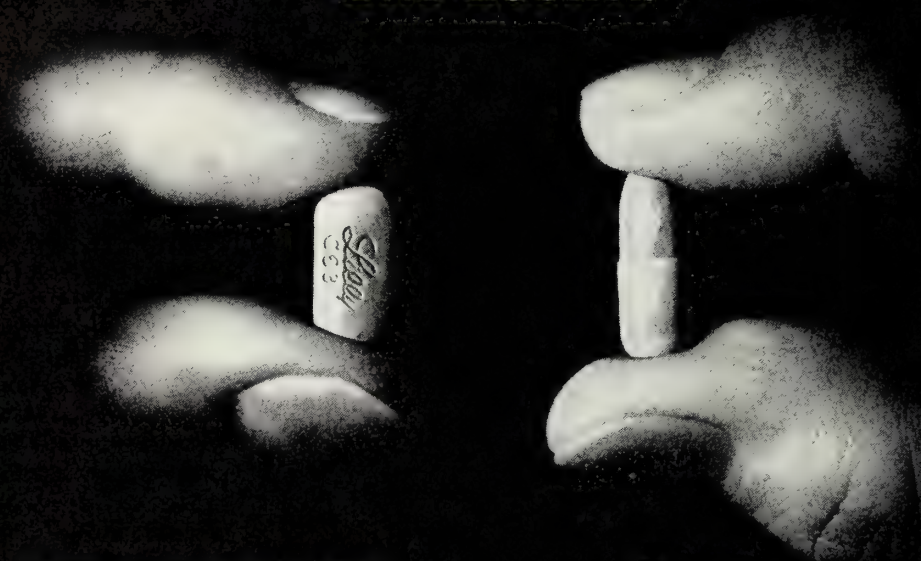
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 68—June 1975—Number 6

HOUSE ENROLLED ACT No. 1460

First Regular Session 99th General Assembly 1975

AN ACT to amend IC 1971, Title 16 by adding a new article concerning medical malpractice.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 1971, Title 16 is amended by adding a new article to be numbered 9.5 and to read as follows:

ARTICLE 9.5. Medical Malpractice.

Chapter 1. Definitions and General Applications.

Sec. 1. As used in this article:

(a) "Health care provider" means a person, corporation, facility or institution licensed by this state to provide health care or professional services as a physician, hospital, dentist, registered or licensed practical nurse, optometrist, podiatrist, chiropractor, physical therapist or psychologist, or an officer, employee or agent thereof acting in the course and scope of his employment.

(b) "Physician" means a person with an unlimited license to practice medicine in this state under IC 1971, 25-22.5.

(c) "Patient" means a natural person who receives or should have received health care from a licensed health care provider, under a contract, express or implied.

(d) "Hospital" means a public or private institution licensed under IC 1971, 16-10-1.

(e) "Commissioner" means the commissioner of insurance of this state.

(f) "Representative" means the spouse, parent, guardian, trustee, attorney or other legal agent of the patient.

(g) "Tort" means any legal wrong, breach of duty, or negligent or unlawful act or omission proximately causing injury or damage to another.

(h) "Malpractice" means any tort or breach of contract based on health care or professional services rendered, or which should have been rendered, by a health care provider, to a patient.

(i) "Health care" means any act, or treatment performed or furnished, or which should have been performed or furnished, by any health care provider for, to, or on behalf of a patient during the patient's medical care, treatment or confinement.

(j) "Risk manager" means an insurance company admitted to make insurance and actively engaged in making in this state Class II insurance pursuant to IC 1971, 27-1-5-1, which company is appointed by the commissioner to manage the authority.

(k) "Risk" means any health care provider which shall apply for malpractice liability insurance coverage under the provisions of chapter 8.

(l) "Insurer" means the authority or an insurance company engaged in making in this state Class II (h) malpractice liability insurance pursuant to IC 1971, 27-1-5-1.

(m) "Authority" means the Residual Malpractice Insurance Authority established under chapter 8.

Sec. 2. Wherever necessary to the context of this article the masculine shall mean and include the feminine and the singular shall mean and include the plural.

Sec. 3. Any legal term or word of art used in this article, not otherwise defined, shall have such meaning as is consistent with the common law.

Sec. 4. No liability shall be imposed upon any health care provider on the basis of an alleged breach of contract, express or implied, assuring results to be obtained from any procedure undertaken in the course of health care, unless such contract is expressly set forth in writing and signed by such health care provider or by an authorized agent of such health care provider.

Sec. 5. A health care provider who fails to qualify under this article is not covered by the provisions of this article and is subject to liability under the law without regard to the provisions of this article. If a health care provider does not so qualify, the patient's remedy will not be affected by the terms and provisions of this article.

Sec. 6. Subject to chapter 9, a patient or his representative having a claim under this article for bodily injury or death on account of malpractice may file a complaint in any court of law having requisite jurisdiction and demand right of trial by jury. No dollar amount or figure shall be included in the demand in any malpractice complaint, but the prayer shall be for such damages as are reasonable in the premises.

Sec. 7. The provisions of this article do not apply to any act of malpractice which occurred before July 1, 1975.

Chapter 2. Limitation of Recovery.

Sec. 1. To be qualified under the provisions of this article, a health care provider shall:

(a) file with the commissioner proof of financial responsibility as provided by section 6 of this chapter in the amount of one hundred thousand dollars ($100,000) or more; and

(b) pay the surcharge assessed by this article on all health care providers according to chapter 4 of this article.

Sec. 2. (a) The total amount recoverable for any injury or death of a patient may not exceed five hundred thousand dollars ($500,000).

(b) A health care provider qualified under this article is not liable for an amount in excess of one hundred thousand dollars ($100,000) for a claim of malpractice.

(c) Any amount due from a judgment or settlement which is in excess of the total liability of all liable health care providers, subject to subsections (a) and (b), shall be paid from the patient's compensation fund pursuant to the provisions of section 3, chapter 4.

Sec. 3. Except as provided in chapter 4, section 3, any advance payment made by the defendant health care provider or his insurer to or for the plaintiff, or any other person, may not be construed as an admission of liability for injuries or damages suffered by the plaintiff or anyone else in an action brought for medical malpractice.

Sec. 4. Evidence of an advance payment is not admissible until there is a final judgment in favor of the plaintiff, in which event the court shall reduce the judgment to the plaintiff to the extent of the advance payment. The advance payment shall inure to the exclusive benefit of the defendant or his insurer making the payment. In the event the advance payment exceeds the liability of the defendant or the insurer making it, the court shall order any adjustment necessary to equalize the amount which each defendant is obligated to pay, exclusive of costs. In no case shall an advance payment in excess of an award be repayable by the person receiving it.

Sec. 5. A patient's claim for compensation under this article is not assignable.

Sec. 6. Financial responsibility of a health care provider under this chapter may be established only by filing with the commissioner proof that the health care provider is insured by a policy of malpractice liability insurance in the amount of at least one hundred thousand dollars ($100,000) per occurrence.

Chapter 3. Statute of Limitations.

Sec. 1. No claim, whether in contract or tort, may be brought against a health care provider based upon professional services or health care rendered or which should have been rendered unless filed within two (2) years from the date of the alleged act, omission or neglect except that a minor under the full age of six (6) years shall have until his eighth birthday in which to file. This section applies to all persons regardless of minority or other legal disability.

Sec. 2. Notwithstanding the provisions of IC 1971, 16-9.5-1-7, any claim by a minor or other person under legal disability against a health care provider stemming from professional services or health care rendered, whether in contract or tort, based on an alleged act, omission or neglect which occurred prior to the effective date of this article, shall be brought only within the longer of:

(a) Two (2) years of the effective date of this article; or

(b) The period described in section 1 of this chapter.

Chapter 4. Patient's Compensation Fund.

Sec. 1. (a) There is created a patient's compensation fund to be collected and received by the commissioner for exclusive use for the purposes stated in this article. The fund and any income from it, shall be held in trust, deposited in a segregated account, invested and reinvested by the commissioner pursuant to IC 1971, 27-1-13, and shall not become a part of the general fund of the state.

(b) To create the fund, an annual surcharge shall be levied on all health care providers in Indiana. The surcharge shall be determined by the commissioner based upon actuarial principles and shall not exceed ten percent (10%) of the cost to each health care provider for maintenance of financial responsibility. The surcharge shall be collected on the same basis as premiums by each insurer, the risk manager and surplus lines agents.

(c) Such surcharge shall be due and payable within thirty (30) days after the premiums for malpractice liability insurance have been received by the insurer, risk manager and surplus lines agents from the health care provider in Indiana. Before July 15, 1975, the commissioner shall send to each insurer, the risk manager and surplus lines agents a statement explaining the provisions of this section together with any other information necessary for their compliance with this section.

(d) If the annual premium surcharge is not paid within the time limited above the certificate of authority of the insurer, risk manager, and surplus lines agents shall be suspended until the annual premium surcharge is paid.

(e) All expenses of collecting, protecting and administering the fund, shall be paid from the fund.

(f) If the fund exceeds the sum of fifteen million dollars ($15,000,000) at the end of any calendar year

ter the payment of all claims and expenses, the commissioner shall reduce the surcharge provided in this ction in order to maintain the fund at an approximate vel of fifteen million dollars ($15,000,000).

(g) All claims from the patient's compensation fund all be computed on December 31 of the year in which e claim becomes final. All claims shall be paid on or efore January 15. If the fund would be exhausted by ayment in full of all claims allowed during a calendar ear, then the amount paid to each claimant shall be rorated. Any amounts due and unpaid shall be paid in e following calendar year.

Sec. 2. The auditor of Indiana shall issue a warrant in ie amount of each claim submitted to him against the ind on December 31 of each year. The only claim gainst the fund shall be a voucher or other appropriate equest by the commissioner after he receives:

(a) a certified copy of a final judgment in excess of ne hundred thousand dollars ($100,000) against a ealth care provider; or

(b) a certified copy of a court approved settlement excess of one hundred thousand dollars ($100,000) gainst a health care provider.

Sec. 3. If the insurer of a health care provider has greed to settle its liability on a claim against its inured by payment of its policy limits of one hundred housand dollars ($100,000), and claimant is demandng an amount in excess thereof for a complete and nal release, then the following procedure must be fol-owed:

(1) A petition shall be filed by the claimant with ne court in which the action is pending against the ealth care provider or, if none is pending, in the Circuit or Superior Court of Marion County, seeking a) approval of an agreed settlement, if any, or (b) emanding payment of damages from the patient's ompensation fund.

(2) A copy of the petition shall be served on the ommissioner, the health care provider and his insurer, t least ten (10) days before filing and shall contain ufficient information to inform the other parties about he nature of the claim and the additional amount lemanded.

(3) The commissioner and the insurer of the health are provider may agree to a settlement with the claimnt from the patient's compensation fund, or the commissioner and the insurer of the health care provider nay file written objections to the payment of the mount demanded. The agreement or objections to the ayment demanded shall be filed within twenty (20) lays after the petition is filed.

(4) The judge of the court in which the petition is iled shall set the petition for approval or, if objections nave been filed, for hearing, as soon as practicable. The court shall give notice of the hearing to the claimant, he insurer of the health care provider and the commissioner.

(5) At the hearing the commissioner, the claimant and the insurer of the health care provider may introduce relevant evidence to enable the court to determine whether or not the petition should be approved if it is submitted on agreement without objections. If the commissioner, the insurer of the health care provider and the claimant cannot agree on the amount, if any, to be paid out of the patient's compensation fund, then the court shall determine the amount of claimant's damages, if any, in excess of the one hundred thousand dollars ($100,000) already paid by the insurer of the health care provider. The court shall determine the amount for which the fund is liable and render a finding and judgment accordingly. In approving a settlement or determining the amount, if any, to be paid from the patient's compensation fund, the court shall consider the liability of the health care provider as admitted and established.

(6) Any settlement approved by the court shall not be appealed. Any judgment of the court fixing damages recoverable in any such contested proceeding shall be appealable pursuant to the rules governing appeals in any other civil case tried by the court.

Chapter 5. Attorney Fees.

Sec. 1. (a) When a plaintiff is represented by an attorney in the prosecution of his claim, the plaintiff's attorney fees from any award made from the patient's compensation fund may not exceed fifteen percent (15%) of any recovery from the fund.

(b) A patient has the right to elect to pay for the attorney's services on a mutually satisfactory per diem basis. The election, however, must be exercised in written form at the time of employment.

Chapter 6. Reporting and Review of Claims.

Sec. 1. All malpractice claims settled or adjudicated to final judgment against a health care provider shall be reported to the commissioner by the plaintiff's attorney and by the health care provider or his insurer or risk manager within sixty (60) days following final disposition of the claim. The report to the commissioner shall state the following:

(a) nature of the claim;

(b) damages asserted and alleged injury;

(c) attorney's fees and expenses incurred in connection with the claim or defense; and

(d) the amount of any settlement or judgement.

Sec. 2. (a) The commissioner shall forward the name of every health care provider, except a hospital, against whom a settlement is made or judgment is rendered under this article to the appropriate board of professional registration and examination for review of the fitness of the health care provider to practice his profession. In each case involving review of a health care provider's fitness to practice under this article, the board shall have the power, in appropriate cases, to take the following disciplinary action:

(1) censure;

(2) imposition of probation for a determinate period;

(3) suspension of the health care provider's license for a determinate period; or

(4) revocation of the license.

(b) Review of the health care provider's fitness to practice shall be conducted in accordance with IC 1971, 4-22-1.

Chapter 7. Malpractice Coverage.

Sec. 1. Only while malpractice liability insurance remains in force are the health care provider and his insurer liable to a patient, or his representative, for malpractice to the extent and in the manner specified in this article.

Sec. 2. The filing of proof of financial responsibility with the commissioner shall constitute, on the part of the insurer, a conclusive and unqualified acceptance of the provisions of this article.

Sec. 3. Any provision in a policy attempting to limit or modify the liability of the insurer contrary to the provisions of this article is void.

Sec. 4. Every policy issued under this article is deemed to include the following provisions, and any change which may be occasioned by legislation adopted by the general assembly of the state of Indiana as fully as if it were written therein:

(a) The insurer assumes all obligations to pay an award imposed against its insured under the provisions of this article; and

(b) Any termination of this policy by cancellation is not effective as to patients claiming against the insured covered hereby, unless at least thirty (30) days before the taking effect of the cancellation, a written notice giving the date upon which termination becomes effective has been received by the insured and the commissioner at their offices.

Sec. 5. If an insurer fails or refuses to pay a final judgment, except during the pendency of an appeal, or fails, or refuses to comply with any provisions of this article, in addition to any other legal remedy, the commissioner may also revoke the approval of its policy form until the insurer pays the award or judgment or has complied with the violated provisions of this article and has resubmitted its policy form and received the approval of the commissioner.

Chapter 8. Risk Management—Authority.

Sec. 1. The purpose of this chapter is to make malpractice liability insurance available to risks as defined in this article.

Sec. 2. There is created the Residual Malpractice Insurance Authority. The department of insurance is designated as the authority for the purposes of this article. The authority is empowered to engage in making Class II(h) malpractice liability insurance in this state pursuant to IC 1971, 27-1-5-1.

Sec. 3. The commissioner shall appoint a risk manager for the authority. The separate, personal or independent assets of the risk manager shall not be liable for or subject to use or expenditure for the purpose of providing insurance by the authority.

Sec. 4. In the administration and provision for malpractice liability insurance by the authority, the risk manager shall:

(a) be subject to all laws and regulations of this state which apply to Class II (h) insurance as provided in IC 1971, 27-1-5-1;

(b) prepare and file appropriate forms with the department of insurance;

(c) prepare and file premium rates with the department of insurance;

(d) perform the underwriting function;

(e) dispose of all claims and litigations arising out of insurance policies;

(f) maintain adequate books and records;

(g) file an annual financial statement regarding its operations under this chapter with the department of insurance on forms prescribed by the commissioner;

(h) obtain private reinsurance for the authority, if necessary;

(i) prepare and file for approval of the commissioner a schedule of agent's compensation; and

(j) prepare and file a plan of operations with the commissioner for approval.

Sec. 5. The risk manager shall receive as compensation for its services, a percentage of all premiums received by it under the terms of this chapter, as determined by the commissioner. The compensation may be adjusted by the commissioner.

Sec. 6. If a risk after diligent effort has been declined by at least two (2) insurers the risk may, together with evidence of the two (2) declinations, forward his application to the risk manager.

Sec. 7. If the risk manager declines to accept the risk, notice of declination, together with the reasons, shall be sent to the applicant and the commissioner. The applicant shall have ten (10) days from the date of notice to file an appeal for review by the commissioner. On appeal, the commissioner shall review the decision of the risk manager and enter an appropriate order.

Sec. 8. All sums appropriated by the state of Indiana, and any surplus of premiums over losses and expenses received by the authority shall be placed in a segregated fund and shall be invested and reinvested by the commissioner pursuant to IC 1971, 27-1-13, and investment income generated shall remain in the fund.

Chapter 9. Medical Review Panel.

Sec. 1. Provision is made for the establishment of medical review panels to review all malpractice claims against health care providers covered by this article.

Sec. 2. No action against a health care provider may be commenced in any court of this state before the claimant's proposed complaint has been presented to a medical review panel established pursuant to this chapter and an opinion is rendered by the panel.

Sec. 3. Except as provided in section 3 (e), the medical review panel shall consist of one (1) attorney and three (3) physicians who hold unlimited licenses to practice medicine. The attorney shall act in an advisory capacity and as chairman of the panel, but shall have no vote. The medical review panel shall be selected in the following manner:

(a) All physicians engaged in the active practice of

edicine in this state, whether in the teaching profession or otherwise, who hold a license to practice edicine, shall be available for selection.

(b) Each party to the action shall have the right to elect one (1) physician and upon selection, said physician shall be required to serve. The two (2) physians thus selected shall select the third physician anelist.

(c) Where there are multiple plaintiffs or defendants, there shall be only one (1) physician selected er side. The plaintiff, whether single or multiple, shall ave the right to select one (1) physician and the defendant, whether single or multiple, shall have the right o select one (1) physician.

(d) A panelist so selected shall serve unless for good ause shown he may be excused. To show good cause or relief from serving, the panelist shall be required to erve an affidavit upon a judge of a court having jurisdiction over the claim. The affidavit shall set out the acts showing that service would constitute an unreasonable burden or undue hardship. The court may xcuse the proposed panelist from serving.

(e) If there is only one (1) party defendant, other han a hospital, two (2) of the panelists selected shall e from the same class of health care provider as the lefendant.

(f) Within ten (10) days after notification of a proosed panelist by the plaintiff, the defendant shall select proposed panelist.

(g) Within ten (10) days of any selection, written challenge, without cause, may be made to the panel member. Upon challenge, a party shall select another panelist. If two (2) such challenges are made and submitted, the judge shall appoint a panel consisting of hree (3) qualified panelists and each side shall strike one (1) and the remaining member shall serve.

(h) The parties may agree on the attorney member of the Board, or if no agreement can be reached, then he attorney member shall be drawn by lot from the list of attorneys qualified to practice and presently on the olls of the Supreme Court of the State of Indiana. Upon request the Clerk of the Supreme Court shall draw five names at random from the list of attorneys and the parties shall then each strike two (2) names alternately with the claimant striking first until both sides have stricken two (2) names and the remaining name shall be the attorney member of the panel.

Sec. 4. The evidence to be considered by the medical review panel shall be promptly submitted by the respective parties in written form only. The evidence may consist of medical charts, x-rays, lab tests, excerpts of treatises, depositions of witnesses including parties and any other form of evidence allowable by the medical review panel. Depositions of parties and witnesses may be taken prior to the convening of the panel. The chairman of the panel shall advise the panel relative to any legal question involved in the review proceeding and shall prepare the opinion of the panel as provided in section 7. A copy of the evidence shall be sent to each member of the panel.

Sec. 5. Either party, after submission of all evidence and upon ten (10) days notice to the other side, shall have the right to convene the panel at a time and place agreeable to the members of the panel. Either party may question the panel concerning any matters relevant to issues to be decided by the panel before the issuance of their report. The chairman of the panel shall preside at all meetings. Meetings shall be informal.

Sec. 6. The panel shall have the right and duty to request all necessary information. The panel may consult with medical authorities. The panel may examine reports of such other health care providers necessary to fully inform itself regarding the issue to be decided. Both parties shall have full access to any material submitted to the panel.

Sec. 7. The panel shall have the sole duty to express its expert opinion as to whether or not the evidence supports the conclusion that the defendant or defendants acted or failed to act within the appropriate standards of care as charged in the complaint. After reviewing all evidence and after any examination of the panel by counsel representing either party, the panel shall, within thirty (30) days, render one or more of the following expert opinions which shall be in writing and signed by the panelists:

(a) The evidence supports the conclusion that the defendant or defendants failed to comply with the appropriate standard of care as charged in the complaint.

(b) The evidence does not support the conclusion that the defendant or defendants failed to meet the applicable standard of care as charged in the complaint.

(c) That there is a material issue of fact, not requiring expert opinion, bearing on liability for consideration by the court or jury.

(d) The conduct complained of was or was not a factor of the resultant damages. If so, whether the plaintiff suffered: (1) any disability and the extent and duration of the disability, and (2) any permanent impairment and the percentage of the impairment.

Sec. 8. The filing of the request for review of a claim shall toll the applicable statute of limitations to and including a period of ninety (90) days following the issuance of the opinion by the medical review panel. The request for review of a claim under this chapter shall be deemed filed when a copy of the proposed complaint is delivered or mailed by registered or certified mail to the commissioner, who shall immediately forward a copy to each health care provider named as a defendant at his last and usual place of residence or his office.

Sec. 9. Any report of the expert opinion reached by the medical review panel shall be admissible as evidence in any action subsequently brought by the claimant in a court of law, but such expert opinion shall not be conclusive and either party shall have the right to call, at his cost, any member of the medical review panel as a witness. If called, the witness shall be required to appear

and testify. A panelist shall have absolute immunity from civil liability for all communications, findings, opinions and conclusions made in the course and scope of duties prescribed by this article.

Sec. 10. Each member of the medical review panel shall be paid at the rate of $25.00 per diem, not to exceed a total of $250.00, for all work performed as a member of the panel exclusive of time involved if called as a witness to testify in court, and in addition thereto, reasonable travel expense. Fees of the panel including travel expenses shall be paid by the side in whose favor the majority opinion is written. If there is no majority opinion, then each side shall pay one-half (1/2) of the cost.

SECTION 2. Medical Malpractice Study Commission.

(a) There is created a medical malpractice study commission to consist of the following members:

(1) two (2) members of the senate, not of the same political party, to be appointed by the president pro tempore of the senate;

(2) two (2) members of the house of representatives, not of the same political party, to be appointed by the speaker of the house of representatives;

(3) the insurance commissioner of Indiana;

(4) a representative of the insurance industry to be appointed by the governor;

(5) two (2) physicians, licensed to practice medicine in Indiana to be appointed by the president of the Indiana state medical association;

(6) two (2) attorneys, admitted to the practice of law in Indiana to be appointed by the president of the Indiana state bar association;

(7) one (1) representative of the Indiana hospital association to be appointed by the governor; and

(8) two (2) individuals not associated with the hospital or insurance industry, not admitted to the practice of law or medicine, and not of the same political party to be appointed by the governor.

(b) The commission shall meet and organize before August 1, 1975. The governor shall appoint a chairman and a secretary. The commission shall meet at least twice in the calendar year 1975 and at least four (4) times annually thereafter, or more often as the commission considers necessary to carry out its purposes.

(c) The legislative council shall provide staff assistance to the commission.

(d) The commissioner of insurance shall provide all information and reports at his disposal which the commission requests.

(e) The commission shall report to the legislative council and the governor on or before December 1, 1975, and again on September 1, 1976, with a final report by December 31, 1976. The reports shall include, but need not be limited to, discussions of the following topics:

(1) the scope and extent of the malpractice problem;

(2) reasons for the increase in malpractice claims;

(3) effects of the rise in malpractice claims on health care providers, including the increased use of defensive medicine and increased premium costs;

(4) effect of claims increase on patients, including increased costs;

(5) alternative approaches and proposed solutions to the malpractice problem;

(6) review of comparable law on screening panels and recommendations regarding its use; and

(7) recommendations of the commission.

(f) This SECTION expires on January 1, 1977.

SECTION 3. (a) There is appropriated from the general fund one million five hundred thousand dollars ($1,500,000) for the Residual Malpractice Insurance Authority established under IC 1971, 16-9.5-8-2.

(b) There is appropriated from the general fund sufficient funds to the legislative council for the purposes for implementing SECTION 2 (malpractice study commission) of this act.

SECTION 4. If a provision of this act or its application to a person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

SECTION 5. Whereas an emergency exists, this act takes effect July 1, 1975. However, IC 1971, 16-9.5-8, as added by SECTION 1, and SECTION 3 (a) of this act take effect on passage.

Robert D. Orr
President of Senate
Phillip E. Bainbridge
Speaker of House of Representatives
Approved: 10:35 a.m., April 17, 1975
Otis R. Bowen, M.D.
Governor of the State of Indiana

Copies of the 1975 Roster and Yearbook are available at the office of THE JOURNAL, 3935 N. Meridian St., Indianapolis 46208. Price: Yearbook (June issue): $10.00; Roster: $5.00 each. Please send check with order.

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What's New?

Tan-Tex Industries is furnishing hospitals with a mattress based on neoprene foam. Neoprene was first used for mattresses in 1956. The new ones are covered with Staph-Chek #20 fabric from Herculite Fabric and are fire resistant.

* * *

Lippincott has published a book about epilepsy, written in medically accurate but nontechnical language, to explain the types, causes, control and treatment. The title is "Epilepsy." Authors are Dr. Alvin Silverstein and Virginia B. Silverstein. The price for hardcover is $5.50, paperback $1.95. Recommended for medical laity, especially patients and their relatives.

* * *

Rockford Safety Equipment announces "Throat-E-Vac," a device on the vacuum principle which will dislodge food which is obstructing the breathing passage in the throat. It comes with a nose clamp and three different sizes of mouthpiece. With a carrying case it weighs two pounds.

* * *

Dray Publications has a new poster series for use by hospitals to caution employees in regard to hazards which may be avoided. The series is oriented to focus on workmen's compensation and malpractice situations. Topics include: medication checks, infection prevention, "sharps" disposal, patient falls, patient lifting, hazard reporting and others.

* * *

Orthopedic Equipment Company of Bourbon has two new contoured pelvic traction belts. They are constructed of duck/flannel laminate fabric. One is fitted with a double pull style strap, the other with single strap. They are washable and are available in four sizes.

* * *

Air Products announces a new system for collecting harmful waste anesthetic gases. The waste gases are collected at the pressure relief valve on the machine and then diverted to a suction system, the hospital non-recirculating ventilation system or the Foregger® Protect-OR™ halogen adsorber.

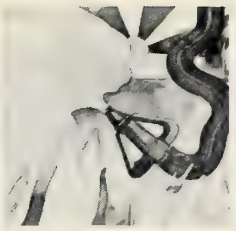
* * *

Dell Publishing Company announces publication of a new book "A Kind Of Rape" by Henry Kane. The book examines and elaborates on the situation in which a psychiatrist, during treatment of a disturbed female patient, prescribes and furnishes sexual relations as a part of the therapy. Paperback—$1.75.

* * *

DeVilbiss has a new compact ultrasonic diagnostic instrument designed for the early detection and monitoring of fetal life. Called MINIDOP-610, it will detect fetal life as early as 10 weeks, monitor fetal cardiac functions throughout pregnancy, localize the placenta and diagnose multiple pregnancy. It is battery-powered and may be operated with one hand.

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propantheline bromide

Indications: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer. Dosage must be adjusted to the individual.

Contraindications: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

Warnings: Patients with severe cardiac disease should be given this medication with caution. Fever and possibly heat stroke may occur due to anhidrosis.

Overdosage may cause a curare-like action, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted. Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

Adverse Reactions: Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

Dosage and Administration: The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

How Supplied: Pro-Banthine is supplied as tablets of 15 and 7.5 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co.
Medical Department, Box 5110, Chicago, Ill. 60680 481

"Antiacid" action for ulcer patients...

one of the many things you need in an anticholinergic.



Pro-Banthine is considered adjunctive in total peptic ulcer therapy that may include diet, conventional antacids, bed rest, and other supportive measures.

Pro-Banthine is provided in several different dosage forms which will meet virtually any clinical need. It is just as versatile in filling patient needs, among which are:

"Antiacid" action—Pro-Banthine® (propantheline bromide) reduces gastric secretory volume and resting total and free acid.

"Analgesic" action—Pro-Banthine helps to control the acid-spasm-pain complex.

Vigorous anticholinergic action—Pro-Banthine® Vials, 30 mg., are for intramuscular or intravenous use when prompt and vigorous anticholinergic action is required.

Mild anticholinergic action—Pro-Banthine® Half Strength, 7.5 mg. tablets, for more exact adjustment of maintenance dosage in mild to moderate gastrointestinal disorders.

Pro-Banthine®
(propantheline bromide)

a good option in peptic ulcer

DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

makes sense in edema.*

Neither inconvenient, unpalatable, expensive potassium supplements nor special K^+ rich diets are needed as a rule. Just 'Dyazide' once or twice daily for control of edema. Serum K^+ and BUN should be checked periodically (see Warnings section).



Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

WARNING
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Indications: *Edema:* That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. *Mild to moderate hypertension:* Usefulness of the triamterene component is limited to its potassium-sparing effect.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

SK&F Co., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

'Dyazide' gets excess water and salt out and helps keep essential potassium in.



Big Balanced Rock, Chiricahua Mountains, Arizona (approx. 1,000 tons)

nd useful in the management of vertigo* associated with
es affecting the vestibular system.
relieve nausea and vomiting often associated with vertigo:*
al adult dosage for Antivert/25 for vertigo:* one tablet t.i.d.
available as Antivert (meclizine HCl) 12.5 mg. scored
, for dosage convenience and flexibility.
ivert/25 (meclizine HCl) 25 mg. *Chewable* Tablets for
a, vomiting and dizziness associated with motion sickness.

UMMARY OF PRESCRIBING INFORMATION

CATIONS. Based on a review of this drug by the National Academy of ces—National Research Council and/or other information, FDA has classified dications as follows:
ective: Management of nausea and vomiting and dizziness associated with n sickness.
sibly Effective: Management of vertigo associated with diseases affecting the ular system.
al classification of the less than effective indications requires further igation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*

PAIN RELIEF FOR THE MAJORITY

NO.4—for pain intensity below the need for injectables

As a rule, only pain that requires morphine is beyond the scope of Empirin® Compound with Codeine No. 4. That's because it delivers a full grain of codeine. (In the preferred phosphate form.) Its antitussive action is particularly appreciated by patients with fractured ribs, and following chest or abdominal surgery. Its low addiction liability is a bonus for all patients who require potent analgesia.

NO.3—for almost all other kinds of lesser pain

Most other kinds of lesser pain respond to Empirin Compound with Codeine No. 3—whether musculoskeletal, neurological, soft-tissue or visceral. One might say No. 3 is an "all-purpose" analgesic — not too little, not too much. Just right for your out-patients in these categories.

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

BURNS



Wherever it hurts

EMPIRIN® COMPOUND c CODEINE

No.3, codeine phosphate*(32.4 mg) gr ½ · No.4, codeine phosphate*(64.8 mg) gr 1

*Warning — may be habit-forming.

Each tablet also contains aspirin gr 3½, phenacetin gr 2½, caffeine gr ½.

HOUSE ENROLLED ACT No. 1698

N ACT to amend IC 1971, 25 by adding a new article concerning the professions as it relates to physicians.

e it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 1971, Title 25 is amended by adding new article 22.5 to read as follows:

ARTICLE 22.5. PHYSICIANS.

Chapter 1. Definitions and Exclusions.

Sec. 1. Definitions. As used in this article, unless the ontext clearly indicates otherwise:

(a) "practice of medicine or osteopathic medicine" eans any one (1) or a combination of the following:

(1) holding oneself out to the public as being engaged in the diagnosis, treatment, correction or prevention of any disease, ailment, defect, injury, infirmity, deformity, pain or other condition of human beings, or the suggestion, recommendation or prescription or administration of any form of treatment, without limitation, or the performing of any kind of surgical operation upon a human being, or the penetration of the skin or body orifice by any means, for the intended palliation, relief, cure or prevention of any physical, mental or functional ailment or defect of any person;

(2) the maintenance of an office or place of business for the reception, examination or treatment of persons suffering from disease, ailment, defect, injury, infirmity, deformity, pain or other conditions of body or mind; or

(3) attaching the designation "doctor of medicine", "M.D.", "doctor of osteopathy", "D.O.", "osteopathic medical physician", "physician", "surgeon", or "physician and surgeon", either alone or in connection with other words, or any other words or abbreviations to his name, indicating or inducing others to believe that the person is engaged in the practice of medicine or osteopathic medicine as herein defined;

(b) "board" means the medical licensing board of ndiana;

(c) "diagnose or diagnosis" means to examine a atient, parts of a patient's body, substances taken or emoved from a patient's body, or materials produced y a patient's body to determine the source or nature f a disease or other physical or mental condition, or o hold oneself out or represent that a person is a phyician and is so examining a patient. It is not necessary hat the examination be made in the presence of the patient; it may be made on information supplied either directly or indirectly by the patient;

(d) "drug or medicine" means any medicine, compound, or chemical or biological preparation intended for internal or external use of man, and all substances intended to be used for the diagnosis, cure, mitigation or prevention of diseases or abnormalities of man, which are recognized in the latest editions published of the United States pharmacopoeia or national formulary, or otherwise established as a drug or medicine;

(e) "licensee" means any individual holding a valid unlimited license issued by the board under this article;

(f) "prescribe or prescription" means to direct, order or designate the use of or manner of using, a drug or medicine or treatment, by spoken or written words or other means;

(g) "physician" means any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in the state of Indiana; and

(h) "medical school" means a nationally accredited college of medicine or of osteopathic medicine approved by the board.

Sec. 2. Exclusions. This article insofar as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine shall not apply:

(a) to any student in training in a medical school approved by the board, or while performing duties as an intern or resident in a hospital under the supervision of its staff or in a program approved by the medical school;

(b) to any person who renders service in case of emergency where no fee or other consideration is contemplated, charged or received;

(c) to commissioned medical officers or medical service officers of the armed forces of the United States, the United States public health service, and medical officers of the veterans administration of the United States, in the discharge of their official duties in this state;

(d) to any individual not a licensee of this state who resides in another state or country and is authorized to practice medicine or osteopathic medicine there, who is called in for consultation by any individual licensed to practice medicine or osteopathic medicine in this state;

(e) to any person administering a domestic or family remedy to a member of his family;

(f) to any member of any church practicing its religious tenets so long as he does not make a medical diagnosis, prescribe or administer drugs or medicines, perform surgical or physical operations, nor assume the title of, or hold himself out to be a physician;

(g) to any chiropractor practicing his profession under IC 1971, 25-10;

(h) to any dental hygienist practicing his profession under IC 1971, 25-13;

(i) to any dentist practicing his profession under IC 1971, 25-14;

(j) to any hearing aid dealer practicing his profession under IC 1971, 25-20;

(k) to any nurse practicing his profession under IC 1971, 25-23; however, any registered nurse may administer anesthesia if the registered nurse acts under the direction of and in the immediate presence of a physician and holds a certificate of completion of a course in anesthesia approved by the American association of nurse anesthetists or a course approved by the board;

(l) to any optometrist practicing his profession under IC 1971, 25-24;

(m) to any pharmacist practicing his profession under IC 1971, 25-26;

(n) to any physical therapist practicing his profession under IC 1971, 25-27;

(o) to any podiatrist practicing his profession under IC 1971, 25-29;

(p) to any psychologist practicing his profession under IC 1971, 25-33; or

(q) to any speech pathologist or audiologist practicing his profession under IC 1971, 25-35.6.

Chapter 2. Medical Licensing Board of Indiana.

Sec. 1. Creation and Membership. The medical licensing board of Indiana is created. It shall consist of seven (7) members, not more than four (4) of whom shall be members of the same political party. The members shall be appointed by the governor, and all vacancies occurring on the board shall be filled by the governor. The membership of the board shall consist of:

(a) five (5) reputable physicians who are graduates of a medical school who hold the degree of doctor of medicine or its equivalent and who hold valid unlimited licenses to practice medicine in Indiana, two (2) of whom shall serve for one (1) year; one (1) for two (2) years; one (1) for three (3) years; and one (1) for four (4) years; and their successors shall serve for terms of four (4) years each;

(b) one (1) reputable osteopathic physician who is a graduate of an accredited osteopathic medical school who holds the degree of doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice osteopathic medicine in Indiana, who shall serve for a term of four (4) years; and

(c) one (1) reputable chiropractor who is a graduate of a school or college teaching this system or method of healing and who is licensed under IC 1971, 25-10; who shall serve for a term of four (4) years.

Sec. 2. Meetings and Election of Officers. The board shall have regular meetings on the second Tuesday in January and July of each year, and more often if necessary for the transaction of business as may properly come before it under this article. At the January meeting the board shall organize by the election of a president, secretary and treasurer, who shall take office immediately and serve until the second Tuesday in January next following.

Sec. 3. Per Diem and Expenses. For their services, the members shall receive the per diem as is generally paid to similar boards and agencies of the state, and the traveling expenses necessarily incurred in their attendance upon the business of the board.

Sec. 4. Secretary of the Board. The secretary of the board shall keep a record of all licenses, permits and applications for licensure or permit. This record must contain all the facts set forth in the application, including the action of the board thereon. The secretary shall execute all orders of the board. The secretary in addition to per diem and travel expenses shall receive for this service an annual salary to be determined by the board and to be paid from the funds of the board.

Sec. 5. The funds obtained from said annual registration and penalty fees shall, upon receipt thereof, be accounted for and paid over by the treasurer of the said board to the treasurer of the state of Indiana, and be placed by him in the general fund of the state. The expenses of the said board shall be paid from the general fund upon appropriation being made therefor in the manner now required by law for the making of such appropriations. The amount to be expended by the said board shall not exceed the amount collected by the said board from all sources. The funds collected under this chapter upon receipt thereof during the fiscal years beginning July 1, 1947, and July 1, 1948, shall be subject to allotment by the state budget committee to the board of medical registration and examination of Indiana upon the showing by said board; and thereafter such funds shall be paid out only in accordance with appropriation duly made under the laws pertaining to appropriations of public funds.

Sec. 6. Officers' Bonds. The treasurer and secretary of the board and all employees of the board shall each give bond in the sum of one hundred thousand dollars ($100,000) with sureties to be approved by the governor. These bonds must be filed with the auditor of state. The premium for the bonds must be paid out of the medical licensure fund.

Sec. 7. Powers and Duties. The board shall:

(a) promulgate rules, regulations and forms necessary to implement this article. It may adopt rules and

egulations concerning, but not limited to, the follow-
ng areas:
(i) qualification by education, residence, citizenship, training and character for admission to an examination for licensure or by endorsement for licensure;
(ii) the examination for licensure itself;
(iii) the license or permit itself;
(iv) fees for examination, permit, licensure, and registration; and
(v) reinstatement of licenses and permits;
(b) administer oaths in matters relating to the discharge of their official duties;
(c) enforce this article, and have the right and authority to employ personnel, and assign to them duties, s may be necessary in the discharge of the board's luty, at salaries to be fixed by the board payable out of he funds of the board, subject to the approval of the tate budget committee;
(d) maintain full and complete records of all applicants for licensure or permit and of all licenses and permits issued;
(e) make available, upon request, the complete chedule of minimum requirements for licensure or permit;
(f) have the power, at its discretion, to authorize its ecretary to issue a temporary permit to an applicant or the interim from the date of application until the next regular meeting of the board; and
(g) have the duty to issue an unlimited license, a imited license or a permit, depending upon the qualifications of the applicant, to any applicant who successfully fulfills all of the requirements of this article.

Chapter 3. Licensure Requirements.

Sec. 1. Minimum Requirements. The minimum requirements for all applicants for an unlimited license to practice medicine or osteopathic medicine in Indiana must include but are not limited to the following:

(a) The applicant must be a citizen of the United States or must have filed a petition for naturalization, or not having fulfilled the residence requirements for naturalization must have declared his intentions to become a citizen of the United States and show that he has filed his application for permanent visa and sworn that he will become a citizen of the United States as soon as legally possible.

(b) The applicant shall be of good character.

(c) The applicant shall possess the degree of doctor of medicine or doctor of osteopathy or its equivalent from a medical school which was approved by the board as of the time the degree was conferred.

(d) The applicant shall have successfully passed the examination for licensure or shall have satisfied the requirements for licensure by endorsement as prescribed by the board.

(e) The applicant shall be physically and mentally capable of safely engaging in the practice of medicine or osteopathic medicine and shall submit to an examination if deemed necessary by the board to determine such capability.

(f) The applicant shall not have been guilty of any conduct which would constitute grounds for his probation or for refusal, suspension or revocation of his license under the regulations of the board.

(g) The applicant shall not have had his license previously revoked or suspended by the board or by the licensing agency of any other state by reasons of his inability to safely practice medicine or osteopathic medicine, and those reasons are still valid in the opinion of the board.

(h) The applicant shall have submitted a complete transcript for his educational records, grades and diploma from his medical school with an English translation thereof.

(i) The applicant shall, at the board's discretion, make a personal appearance before it.

Sec. 2. Foreign Medical Graduates. In addition to the minimum requirements of section 1 of this chapter, the following requirements apply to any applicant for licensure who has been graduated from a medical school outside the United States, its possessions or Canada:

(a) If the applicant submits evidence satisfactory to the board that prior to passing the examination he has successfully completed a minimum of at least two (2) years of postgraduate training in a hospital or institution located in the United States or Canada which meets the standards approved by the nationally recognized medical or osteopathic accrediting bodies in the United States, for the purpose of graduate training, then he is entitled to receive an unlimited license to practice medicine or osteopathic medicine.

(b) If the applicant has not completed a minimum of two (2) years of approved postgraduate training prior to passing the examination, then he must agree to practice medicine or osteopathic medicine within Indiana for a period to be determined by the board, but not to exceed two (2) years, under an approved preceptor. An approved preceptor may be either a county medical society or the medical staff of any hospital approved by the board. A provisional license must be granted to the applicant during the period of preceptorship. At the end of the period, the applicant is entitled to receive an unlimited license to practice medicine or osteopathic medicine without further examination, if his preceptor certifies to the board that he has conducted an ethical practice and delivered quality medical care to his patients.

Chapter 4. Examinations.

Sec. 1. Guidelines. The board shall adopt rules and regulations relative to examinations which include at least the following:

(a) The board shall prepare and give, or approve

the preparation and giving of, an examination which covers those general subjects and topics, a knowledge of which is commonly and generally required, in the opinion of the board, to practice medicine or osteopathic medicine in Indiana.

(b) Examinations must be given in a way that persons grading the papers will have no knowledge of the identity of an individual being examined.

(c) Examinations must be conducted at least semiannually, if there are applicants.

(d) The applicant's average score on the examination to qualify for licensure must be the national standard of not less then seventy-five percent (75%); however, if the national standard is raised or lowered, this percentage will automatically adjust accordingly.

Sec. 2. Procedure. If any applicant fails to satisfactorily pass the examination for license he will be allowed to take not more than two (2) subsequent examinations at other examination periods within eighteen (18) months from the date of the first examination upon the payment of an additional examination fee each time. If the applicant fails to pass the examination in three (3) attempts, then he shall submit evidence satisfactory to the board that he has completed one (1) additional year of medical education in an approved medical school before he may repeat the examinations.

Chapter 5. Licenses and Permits.

Sec. 1. Licenses with Examination. Any applicant who successfully passes the examination provided in chapter 4, and who meets all of the requirements of chapter 3, is entitled to be registered as a physician and to receive an unlimited license to practice medicine or osteopathic medicine.

Sec. 2. Licenses without Examination. The board in its discretion may register as a physician and may issue by endorsement an unlimited license to practice medicine or osteopathic medicine to any applicant who has complied with the minimum requirements in chapter 3 and who has passed an examination for licensure in another state or territory of the United States, or Canada, or who has passed an examination given by a recognized certifying agency approved by the board, if that examination was, in the opinion of the board, equivalent in every respect to Indiana's examination at the time it was taken.

Sec. 3. Waiver of Requirements. The board, in certain exceptional instances, may waive for final licensure any of these provisions if a complete evaluation by the board of the applicant's previous training, education and practice determines them to equal or exceed the requirements of this article.

Sec. 4. Temporary Medical Permits. The Board may authorize the secretary to issue temporary medical permits for the practice of medicine or osteopathic medicine in the interval between regular board meetings. When a temporary medical permit is issued, it is subject to any termination date specified by the board. Temporary medical permits may also be issued to meet specific needs including but not limited to the following:

(a) Any person who has completed the academic requirements for the degree of doctor of medicine or doctor of osteopathy from a medical school approved by the board, and who desires to obtain postgraduate medical education or training in a medical education institution or hospital located in Indiana which has standards for postgraduate medical education and training satisfactory to the board is required to obtain a temporary medical permit unless the graduate possesses an unlimited license to practice medicine or osteopathic medicine in Indiana. Application for the permit must be made to the board subject to this article. A temporary medical permit is valid for a period of one (1) year and may be renewed for a maximum of four (4) additional one year periods.

(b) A medical educational institution located in Indiana which has standards satisfactory to the board may, in the board's discretion, secure from it a permit for a person in the active practice of medicine outside the state of Indiana or the United States, but who is not licensed in Indiana, to teach medicine in the institution for an annually renewable period not to exceed one (1) year by filing with the board, an application by the institution and the person certifying the person's professional qualifications, the term of the teaching appointment, the medical subjects to be taught and other information and assurances as the board may require. If the application is approved, the person is entitled to receive a "temporary medical teaching permit" which authorizes the person to teach medicine in the applicant institution for a stated period not to exceed one (1) year. This permit must be kept in the possession of the institution and surrendered by it to the board for cancellation within thirty (30) days after the person has ceased teaching in the institution. The permit authorizes the person to practice in the institution only and, in the course of teaching, to practice those medical or osteopathic medical acts as are usually and customarily performed by a physician teaching in a medical educational institution but does not authorize the person to practice medicine or osteopathic medicine otherwise.

(c) Any medical educational institution in this state which authorizes or permits a physician to violate this article or which itself violates this section, may in the discretion of the board, be disqualified from further receiving the benefits of this section.

Sec. 5. Midwives. Any person who desires to practice midwifery in the state shall present to the medical licensing board of Indiana his diploma, received from

n obstetrical school recognized by the board. The applicant shall submit to an examination in midwifery rescribed by the board. If the application and qualifications are approved by the board, the applicant is entitled to receive a limited license which allows him to ractice only midwifery in this state. An applicant for midwifery license must meet all registration requirements which are required for applicants for physicians' icenses in this article. A midwifery licensee is subject o probation and his license is subject to suspension, evocation, retirement or surrender for the same reasons as provided in the case of physicians' licenses.

Chapter 6. Probation, Suspension, Revocation, Retirement and Surrender of License.

Sec. 1. Retirement and Surrender. Any physician icensed to practice medicine or osteopathic medicine n this state who intends to retire from practice shall otify the board in writing of his intention to retire nd shall surrender his license. Upon receipt of this otice and license the board shall record the fact that he physician is retired and excuse the person from urther payment of registration fees. If any physician urrenders his license to practice medicine or osteoathic medicine in this state his reinstatement may be onsidered by the board on his written request. If any isciplinary proceedings under this chapter are pending gainst a physician, he may not surrender his license vithout the written approval from the board.

Sec. 2. Probation, Suspension or Revocation. To promote uniformity among the several states and territories and to provide guidelines for physicians and the oard, the following charges will be grounds for probation of a licensee or suspension or revocation of a icense:

(1) the use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing or permit requirements;

(2) the acts from which a felony conviction resulted, if the acts have a direct bearing on whether or not the person should be entrusted to serve the public as a licensed physician;

(3) currently using or consuming a drug or intoxicant so as to render the licensee unsafe or unfit to practice medicine or osteopathic medicine;

(4) suffering from a mental or physical disability so as to render the licensee unsafe or unfit to practice medicine or osteopathic medicine;

(5) except as otherwise permitted by law, to knowingly prescribe, sell or administer any drug classified as a narcotic, addicting or dangerous drug to a habitue or addict;

(6) willful or wanton misconduct or manifest incapacity in the practice of medicine or osteopathic medicine;

(7) the practice of medicine or osteopathic medicine under a false or assumed name; or

(8) the willful performance of an act likely to deceive or harm the public.

Sec. 3. Disciplinary Proceedings. (a) Proceedings for the probation of a licensee or a permit holder or the revocation or suspension of any license or permit to practice medicine or osteopathic medicine in Indiana must be commenced by the filing of written verified charges with the secretary of the board. These charges may be filed by any resident of Indiana, or by the secretary or any member of the board upon information from whatever source in his possession, which causes the member to have reasonable cause to believe that the matter should be filed and placed before the board for its determination. Proceedings for probation of a licensee or permit holder or revocation or suspension of any license or permit to practice medicine or osteopathic medicine in Indiana must be conducted according to the administrative adjudication act of Indiana, IC 1971, 4-22-1.

(b) Any person who files charges or testifies before the board in any disciplinary proceeding is immune from civil liability for damages for any sworn or written testimony made with probable cause and without malice.

(c) The administrator, his staff, counsel, investigators, hearing officers, and the board members are immune from civil liability for damages for conduct within the scope and arising out of the performance of their duties.

Sec. 4. Injunctions. In cases where the continued practice of medicine by an accused is considered harmful to the public or himself, the board may sue to enjoin the accused from practicing medicine or osteopathic medicine until the hearing, provided in section 3 of this chapter, is completed and a decision rendered.

Chapter 7. Registration Fees.

Sec. 1. Every person who now holds, or may hereafter hold a valid unlimited license to practice medicine or osteopathic medicine, granted by the board, is required to register with the board in the form and manner determined by the board. The board shall determine the amount of the registration fee and the interval between registration; however, no registration or fee for registration is required of any licensee on or before the month of July of the year following the year within which his license was issued. Failure of any licensee to register and comply with this chapter will result in board inquiry and review and the fact may be considered as grounds for suspension or revocation of the license. A license suspended or revoked for failure to register may be reinstated by the board upon submission of the applicant's last registration receipt together with the current and delinquent fees and a penalty fee in the sum of fifty dollars ($50.00).

Chapter 8. Penalties.

Sec. 1. Unlawful Practice. It is unlawful for any person to practice medicine or osteopathic medicine in this state without holding a license or permit to do so, as provided in this article.

Sec. 2. Felony. Any person, corporation or association which violates this article by unlawfully practicing medicine or osteopathic medicine or any officer or director of a corporation or association causing or aiding and abetting the violation, shall be punished by imprisonment for a term of not less than two (2) years nor more than ten (10) years or by a fine of not less than one thousand dollars ($1,000) nor more than five thousand dollars ($5,000) or both.

Sec. 3. Misdemeanors. Any person who violates this article relating to temporary medical permits, if the violation does not involve the unlawful practice of medicine or osteopathic medicine, shall be fined not less than one hundred dollars ($100) nor more than five hundred dollars ($500).

Sec. 4. Injunctions. The attorney general, prosecuting attorney, the board or any citizen of any county where any person engages in the practice of medicine or osteopathic medicine without a license or a permit to do so, may, according to the laws of Indiana governing injunctions, maintain an action in the name of the state of Indiana to enjoin the person from engaging in the practice of medicine or osteopathic medicine. In charging any person in an affidavit, information or indictment, with a violation of this law by practicing medicine or osteopathic medicine without a license or permit, it is sufficient to charge that he did, upon a certain day and in a certain county, engage in the unlawful practice of medicine or osteopathic medicine and that he did not have any license or permit to do so. No further or more particular fact need be averred concerning the matter.

SECTION 2. IC 1971, 25-22, as amended, is hereby specifically repealed.

SECTION 3. As of the effective date of this act, any person who holds a valid license or permit under IC 1971, 25-22, which is being repealed by SECTION 2 must automatically be issued a corresponding license or permit under this article and will immediately become subject to this article.

SECTION 4. The board of medical registration and examination of Indiana is hereby abolished and all the rights, powers and duties conferred by law upon this board of medical registration and examination of Indiana which are not in conflict with IC 1971, 25-22.5 are continued in full force and effect and are hereby transferred to and conferred upon the medical licensing board of Indiana hereby created. Any investigation, proceedings, hearing or examination, or any proceedings in any courts undertaken, commenced or instituted before June 30, 1975, may be conducted and continued to final determination by the medical licensing board of Indiana hereby created, or by the courts, in the same manner and with the same effect as if this act had not been enacted. All existing rules and regulations, contractual and other rights, legal or equitable, of, or created by, any act of the board of medical registration and examination of Indiana are hereby saved and continued and transferred to the medical licensing board of Indiana which is hereby created. All existing appropriations for, and all funds held by or for the board of medical registration and examination of Indiana are hereby contingent and transferred to and shall stand to the credit of the medical licensing board of Indiana which is hereby created.

SECTION 5. Regardless of any provisions of this act, any appointee to the board of medical registration and examination of Indiana for a fixed term shall continue to hold his appointment and shall be an appointee to the medical licensing board of Indiana under IC 1971, 25-22.5 and may lawfully exercise powers, duties and functions of that appointment until his successor is duly appointed and qualified.

SECTION 6. The rights and privileges of any official, appointee or employee of the board of medical registration and examination of Indiana who is a participant, member or beneficiary in or of any public pension or retirement plan at the time of this transfer shall have that status continue unaffected by the transfer of the powers, duties and functions under this act.

SECTION 7. Whenever a person or authority, whose powers, duties and functions are transferred by this article, is referred to in any statute, contract or document, the reference or designation shall be considered to refer to and include the person or authority to which the powers, duties and functions have been transferred.

SECTION 8. All officers, appointees and employees of the board of medical registration and examination of Indiana who are presently under the classified service, under the terms and provisions of the state personnel act, and who are hereby transferred to the medical licensing board of Indiana created by this act will not by virtue of this act lose any rights now accorded to them by law.

SECTION 9. If any provision of this act or the application thereof to any person or circumstance is invalid, the invalidity will not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable.

SECTION 10. Whereas an emergency exists, this act takes effect on July 1, 1975. ◄

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Measuring cause and effect

Cause: High levels of anxiety
Effect: Exacerbation of irritable bowel syndrome



When barium fills the whole colon, there is also a reflux through the ileum so that ileum is superimposed on colonic shadows. The tube-type descending colon revealed is normally associated with the diarrheal phase of the irritable bowel syndrome.

Case History:* 27-year-old female

Before treatment

Chief Complaint: Abdominal pain and diarrhea.

Present Illness: Intermittent, left-sided, lower abdominal pain for over a year; pain, unassociated with menstrual periods or eating, lasted several hours. Abdominal symptoms occurred in attacks lasting 1-2 days with remissions of 3-4 days. Diarrhea accompanied attacks. No weight loss, nausea or vomiting.

Personal History: Married, 2 children. Somewhat restless, tense and anxious.

Physical Examination: 8/16/73. System review within normal limits. Weight 95 lbs. Petite, pleasant, cooperative patient with no obvious signs of illness.

Abdomen: Spastic, tender sigmoid colon. Otherwise normal.

Rectal: Normal mucosa and stool. No rectal bleeding or excess mucus or fat in stools.

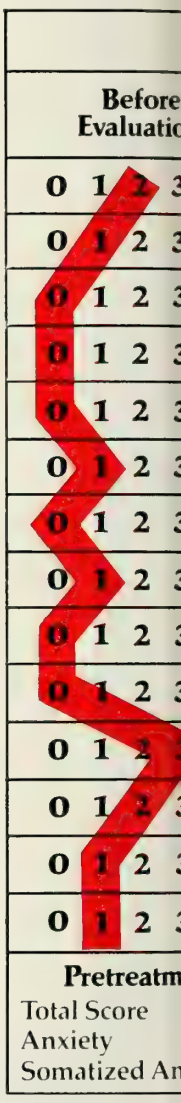
Sigmoidoscopy: Normal sigmoid mucosa.

Laboratory tests: Within normal range. No occult blood in 3 successive stool examinations.

Impression: Irritable bowel syndrome. X-rays 7/25/73 showed tube-type descending colon. Librax, one capsule *q.i.d.*, prescribed as adjunctive therapy on 8/23/73. Symptoms of anxiety evaluated with Hamilton Anxiety Scale on same date.

*Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, N.J. 07110.

Although this is an actual case history, not all cases of irritable bowel syndrome can be expected to respond this rapidly to therapy.



Undue anxiety—often a forerunner of irritable bowel syndrome

Irritable colon is a disorder commonly seen in the average physician's daily practice. Expressed as diarrhea and/or constipation, the disorder affects mainly the colon's tonicity. Usually spasms are produced, mediated through the autonomic nervous system. Such abnormal activity can easily derive from emotional stress, which causes parasympathetic stimulation. Hence the direct relationship between anxiety and irritable bowel syndrome. Reducing anxiety, one of the causative factors, can be expected to counter the effect, exacerbation of irritable bowel syndrome.

Librax is the logical adjunct in treating irritable bowel syndrome

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☐ Librax alone provides both the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory-antispasmodic action of Quarzan™ (clidinium Br).

Relief of symptoms linked to relief of anxiety

ton Anxiety Scale	
Parameters	After Evaluation
is Mood	0 1 2 3 4
n	0 1 2 3 4
	0 1 2 3 4
ctual	0 1 2 3 4
ssed Mood	0 1 2 3 4
nia	0 1 2 3 4
c (muscular)	0 1 2 3 4
c (sensory)	0 1 2 3 4
vascular Symptoms	0 1 2 3 4
atory Symptoms	0 1 2 3 4
mptoms	0 1 2 3 4
ymptoms	0 1 2 3 4
omic Symptoms	0 1 2 3 4
or at Interview	0 1 2 3 4
first evaluation was made rior to treatment. The second n, made 10/4/73, shows nt drop in anxiety and d symptoms.	**Posttreatment** Total Score 4 Anxiety 1 Somatized Anxiety 3

After treatment

Abdominal pain and discomfort less troublesome although still some frequency and looseness of the bowels. Patient felt significantly better and less anxious. Bowel movements returned to regular pattern when therapy discontinued on 10/4/73.

10/4/73: Second Hamilton Anxiety Scale completed.

Follow-up (2 months later): Patient off all therapy, normal bowel function, no abdominal pain, no significant anxiety feelings or undue tension or nervousness.

Charted at left, the Hamilton Anxiety Scale ratings show how somatized anxiety symptoms—especially gastrointestinal, the complaint rated highest—diminished along with anxiety symptoms. The first six parameters plus "behavior at interview" measure anxiety and the remaining seven, somatized anxiety. Between the first and second evaluations, the sum of the anxiety and the sum of the somatized symptoms each decreased by 4 points on the rating scale.

th components are conveniently contained in a capsule.

sage is adjustable within the range of 1 or 2 les 3 or 4 times daily; up to 8 capsules daily in ed doses.

e capsule before each meal and two at bedtime y prescribed.

see summary of product information lowing page.

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for the anxiety-related symptoms of irritable bowel syndrome

Dual-action adjunctive

Librax®

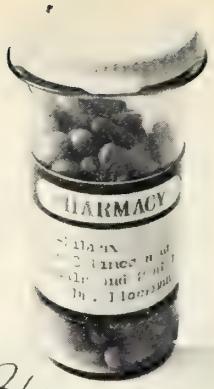
Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



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Initial R_x

The initial prescription permits evaluation of patient response to therapy



Rx Librax #100 Sig: 1 t.i.d.a.c. and 1 h.s.

Follow-up

Follow-up therapy with a prescription for 2 to 3 weeks' medication usually helps maintain patient gains.

for the anxiety-related symptoms of irritable bowel syndrome · duodenal ulcer · upper functional gastrointestinal disorders

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.,* excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido —all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.,* dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan™)—bottles of 100 and 500; Prescription Paks of 50, available singly and in trays of 10.

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Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION
Devoted to the interests of the medical profession of Indiana

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Guest Editorials

Who Contributes to the Malpractice Crisis? Is This a Type of Contribution?

THE "publicity hungry" physicians who respond to news media's requests for "expert medical opinions," or even volunteer such opinions, are contributing to the malpractice crisis. The recent rush to be a "headliner" or expert television commentator on the subject of the care and treatment of the wife of the President of the United States, the wife of the Vice President designee, or the former President is a case in point. Each of these patients is entitled to patient-physician confidentiality. Physicians who publicly criticize the professional care given a patient by another physician (whether in news magazines, newspapers, television programs, or as "case" discussions in educational groups) are inviting the "suit-prone" public to file claims regardless of the quality of medical care received.

One writer, in by-line articles in *The New York Times* on November 16 and 30, 1974, reviewed the medical reporting of Mr. Nixon's case. This writer cited faculty members from two eastern medical schools who, without knowledge of Mr. Nixon's condition, centered their criticism on the choice of the vein on which a clip was placed. The *Times* article further found this medical criticism to be a conflict of several factions: town and gown, doctors practicing on a fee for service privately and those salaried by medical faculties (all medical faculties receive public funds); the eastern medical profession and the western medical profession; University teaching hospitals and Community (teaching) hospitals; and those demanding consultation in each and every special discipline and for each and every step or procedure.

In the face of sharp criticism from the eastern based media, the three court-appointed medical experts who examined Mr. Nixon very correctly preserved the confidential nature of the doctor-patient relationship. They reported only to the court on their findings concerning the diagnosis and prognosis in the case of the former President. The public statements of these medical experts are exemplary guides to other physicians who may be in a similar position.

For those colleagues who may be tempted to become a public medical expert, it might be wise to remember this American Indian Prayer:

"OH GREAT SPIRIT, GRANT THAT I MAY NOT CRITICIZE MY NEIGHBOR UNTIL I HAVE WALKED A MILE IN HIS MOCCASINS."—**Richard L. Meiling, M.D., Consulting Medical Editor,** *Ohio State Medical Journal,* **Jan. 1975.**

Editorial Notes . . .

Dr. Roger O. Egeberg, Special Assistant to HEW Secretary for health policy is quoted by Medical Tribune as commenting on the malpractice situation as follows: "I was amazed at how far they've gotten in Indiana. Their interest and sense of responsibility in taking hold of the issue on a local level is the key to the overall problem."

Dr. G. Dunea, an Australian trained physician, who serves as consulting physician in Chicago, writes at length in the page "Personal View" of the British Medical Journal about the developments in the practice of medicine in the U.S. One quotation—"The main issue of our times is that we are being devoured by the bureaucrats. They, not the meek, not the apes, not the round-worms, are about to inherit the earth."

New drug products have increased in the past two years. Paul de Haen in "New Products Parade" reports that in the past 10 years, 1973 and 1974 had the highest figures for new single chemical agents. He noted that 13 out of 19 newly synthesized drugs were of American origin. His analysis showed that the economic profile of the U.S. pharmaceutical industry was improving

while there has been a general decline in many countries.

The "Maximum Allowable Cost" method of being sure the patient gets the cheapest drug available now is made official by publication of regulations. The problems of bioavailability, about which much has been said, and which have been acknowledged by the government's own scientific panel, are neatly disposed of in one short phrase in the regulations. All worry and concern should now be set aside—everybody may breath easy. Quote from regulation: ". . . equivalency among drug products within a generic (multisource) category will be assumed unless proven otherwise."

Preliminary studies indicate that the prostaglandins will probably be clinically effective in treatment of arteriosclerosis, asthma and ulcers. This potential has triggered an international research and training program. A new quarterly publication "Prostaglandins & Therapeutics" is published by The Upjohn Company as a means of disseminating information collected from widespread clinical research centers.

The Food and Drug Administration has set out, in the Federal Register, criteria for accepting data from foreign studies of new drugs so that companies will not have to duplicate studies in the U.S. The FDA predicts that the new rules will speed up the U.S. introduction of drugs developed abroad.

The American Pharmaceutical Association has been in favor of the "Maximum Allowable Cost" drug program and is also in favor of repealing all antisubstitution drug laws and regulations, ostensibly with the object of supplying the patient with reliable or more reliable drugs and at a distinct financial saving for the government. Now that it is apparent that the government not only wants cheap drugs, but also cheap pharmaceutical services, the APhA is emphasizing the portion of the transaction which reimburses the pharmacist. This is proper, of course, but suggests that the APhA should have realized at the start that a cheap drug program would naturally include a financial squeeze for the retail pharmacist.

The proper function of a computer which is used to aid in diagnosis is to supply a list of conditions which might possibly account for the symptoms and findings of a particular patient. The computer function is not to make the diagnosis, but to unerringly furnish a catalog of conditions for the diagnostician to contemplate. IBM has an experimental programming system to aid in diagnosing blood disorders. Massive amounts of information are stored and can be instantly recalled. In addition to listing all the possible diagnoses, the computer can be programmed to list additional special tests which are indicated.

HEW Secretary Weinberger attempts to justify "Maximum Allowable Cost" (cheap drug) program by reporting that two thirds of the brands of drugs dispensed in hospitals were selected by pharmacists, not by physicians. The Secretary shows a deplorable lack of knowledge about such matters. The chief difference between a hospital drug list, which specifies one certain brand to be dispensed for all orders for competing brands of the same drug, and the present move to allow pharmacists to dispense anything they wish, is that the hospital lists are made up by physicians. In a hospital, thank goodness, the patient gets the drug according to the judgment of a physician or group of physicians.

The malpractice insurance crisis has produced one beneficial side effect. *The Washington Times Herald* of Washington, Indiana, notes that the shift away from private practice has resulted in a waiting list of physicians seeking assignments in the military.

A pediatric neurologist at the University of New Mexico School of Medicine thinks that too much worry is wasted on children with reading problems. He thinks that reading disabilities represent a developmental delay and will be partially outgrown. He also says that reading ability does not parallel intelligence. Many adults with major academic achievements are poor readers. There are many literate non-readers. Television, movies, recordings and tapes all provide alternatives for the slow reader. ◄

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From THE JOURNAL 50 Years Ago

True bronchial asthma should be distinguished sharply from the asthmatic attacks which occur in cardiac disease, in renal disease, and in certain cases of aneurysms and new growths in the chest cavity.

There is a tradition that true bronchial asthma does not kill and hence the pathology is not understood, however, within recent years there have been a number of cases come to autopsy and the pathology has been carefully studied. . . .

The studies of Walker, Cooke, Rockman and Mackenzie have shown conclusively that many cases of bronchial asthma are manifestations of allergy. Every physician knows of one or more clean-cut cases of food or dander hypersensitiveness. Almost all protein substances have been shown to act as allergens. In recent years our knowledge of this type of asthma has advanced considerably. . . .

With the etiological diagnosis established the treatment becomes fairly simple, yet my personal experience is that the etiological diagnosis is established in comparatively few cases. However, this need not necessarily mean that relief or even cure cannot be obtained. Our forefathers found out that sodium or potassium iodide was a valuable drug in the treatment of bronchial asthma and, by the way, it is found in some of the "patent medicine" asthma cures. About three years ago I prescribed sodium iodide for a man with asthma and incidentally because of insomnia he was given 1½ grain of phenobarbital. In a few days he came back and said, "I have taken that salty medicine before and it never did me any good." I told him he had better try it again for awhile anyway. He reported in two months that after the first three to four weeks of taking both the iodides and the phenobarbital, he had had no more asthma.

In the past three years eighteen cases of true bronchial asthma have been treated by these drugs and seven of these patients at the present writing report themselves as cured.—"Bronchial Asthma," by Chas. G. Beall, M.D., Fort Wayne, **JISMA**, June 1925.

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Annual Meeting Dates of Professional Medical and Allied Organizations

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Date June 14-19, 1975
Place Atlantic City, N.J.

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Jon Leipold, M.D., 919 E. Jefferson Blvd. South Bend 46622

INDIANA STATE NURSES ASSOCIATION
Date Oct. 16-18, 1975
Place Atkinson Hotel, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date Oct. 20-22, 1975
Place French Lick Sheraton

INDIANA STATE PODIATRY ASSOCIATION
Date June 15-18
Place Lake Geneva, Wis.

INDIANA ASSOCIATION OF PATHOLOGISTS
Date Dec. 6, 1975
Place Indianapolis

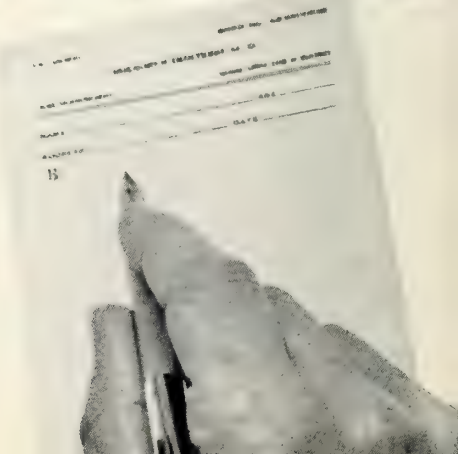
INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—April 1975

Disease	Apr. 1975	Mar. 1975	Feb. 1975	Apr. 1974	Apr. 1973
Animal Bites	767	541	414	968	1011
Chickenpox	501	565	500	517	919
Conjunctivitis	183	211	221	155	242
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	72	97	83	99	41
Gonorrhea	841	765	1294	918	755
Impetigo	104	101	105	91	82
Infectious Hepatitis	50	32	44	57	34
Infectious Mononucleosis	111	90	96	102	115
Influenza	3317	4494	17729	3717	2129
Measles					
Rubeola	88	70	33	44	105
Rubella	90	78	60	31	212
Meningococcic Meningitis	1	2	1	4	0
Meningitis, Other	8	4	2	4	5
Mumps	394	357	265	94	202
Pertussis (Whooping Cough)	4	5	1	1	7
Pneumonia	528	539	881	636	457
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	1509	1491	1888	1697	1031
Syphilis					
Primary & Secondary	7	9	10	21	45
All Other Syphilis	80	91	96	120	92
Tinea Capitis	28	31	8	14	6
Tuberculosis (Active)	42	35	66	42	45



Bioequivalenc



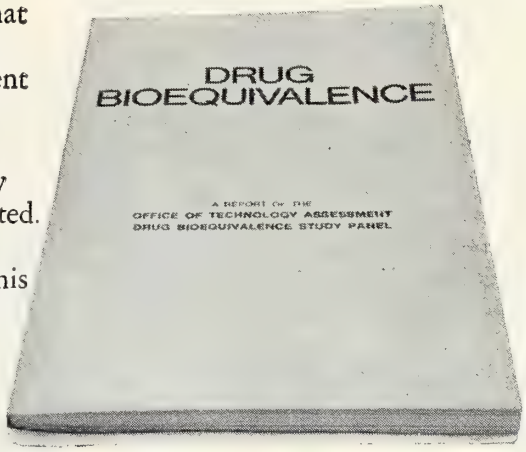
the weight of scientific opinion:

If the pharmacist substituted a hemically equivalent drug for the ne you have specified for your atient—could you be certain of that roduct's safety and effectiveness mply because the chemical content as the same?

Definitely not, unless bio-quivalence tests and other quality ssurance checks had been conducted. he pharmaceutical industry and any scientists have maintained this osition for years, but others have uestioned it. Now the Office of echnology Assessment of the ongress of the United States has eported on the issue in its Drug ioequivalence Study.*

Here are a few definitive state-ents in the O.T.A. report:

"...the problem of bioinequiva-ncy in chemically equivalent prod-cts is a real one. Since the studies in hich lack of bioequivalence was emonstrated involved marketed roducts that met current compen-al standards, these documented in-ances constitute unequivocal vidence that neither the present andards for testing the finished roduct nor the specifications for aterials, manufacturing process, nd controls are adequate to ensure that ostensibly equivalent drug products are, in fact, equivalent in bioavailability.



"While these therapeutic failures resulting from problems of bioavailability were recognized and well documented, it is entirely possible that other therapeutic failures and/or instances of toxicity that had a similar basis have escaped attention."

The Pharmaceutical Manufacturers Association supports federal legislative amendments that would require manufacturers of duplicate prescription pharmaceutical products, subject to new drug procedures, to document:

(a) chemical equivalence; and

(b) biological equivalence, where bioavailability test methods have been validated as a reliable means of assuring clinical equivalence; or

(c) where such validation is not possible, therapeutic equivalence.

In addition, the PMA supports federal legislation that would require certification of all manufacturers of prescription products before they could start in business, annual inspections and certification thereafter, and strict adherence to FDA regulations on good manufacturing practices.

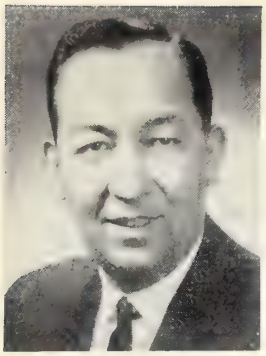
The overall quality of the United States drug supply is excellent. But only a total quality assurance program, envisaged in these and other policy positions adopted by the PMA Board of Directors in 1974, can bring about acceptable levels of performance by all prescription drug manufacturers and thereby assure the integrity of your prescription...

P·M·A

Pharmaceutical Manufacturers Association
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*Copies of the complete report on Drug Bioequivalence may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

protecting the integrity of your prescription



Past President of ISMA I.U. Trustee Candidate for Second Three-Year Term

Joseph M. Black, M.D., past president of the Indiana State Medical Association, has announced that he is a candidate for a second three-year term with the Indiana University Board of Trustees.

In announcing his bid for the office, Dr. Black urged his many associates in the medical profession throughout Indiana, their wives and friends, to mark their ballots in his behalf.

Currently chairman of the Board of Indiana Blue Shield, Dr. Black is also a past president of the I.U. Alumni Association.

Prior to receiving his M.D. degree from I.U., Dr. Black was awarded an A.B. degree in Chemistry in 1941. His activities at I.U., while a student, comprise a lengthy list, including participation in athletics and academic societies. He has also held membership on the I.U. Athletic Board. His children are fourth generation I.U. graduates.

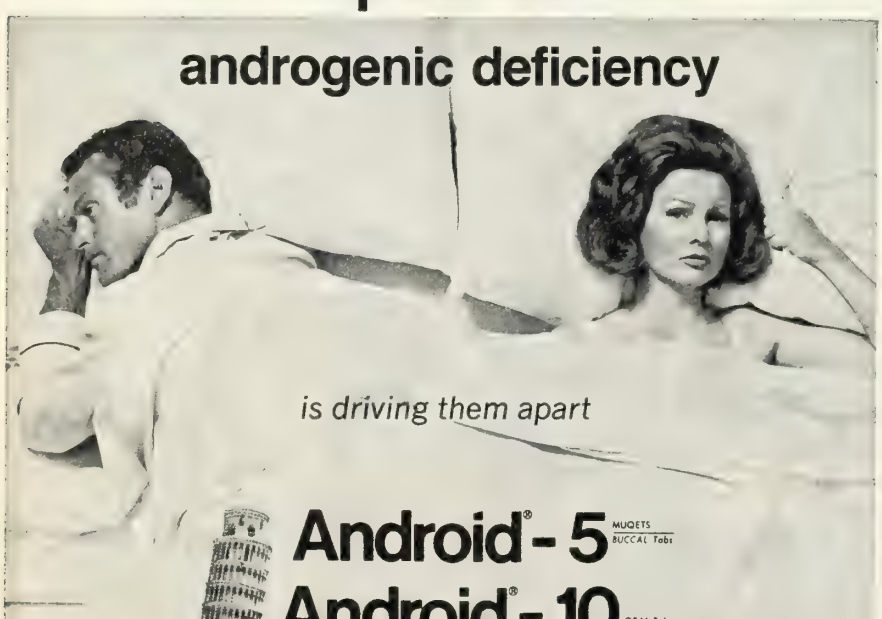
As a practicing physician, his career has included a steadfast dedication to organized medicine, which culminated in his selection as state president. He's been active in his county medical society and various committees and commissions of the ISMA.

Dr. Black has also served on a variety of state committees through appointment by Indiana Governors and, because of his interest in education, has been named by the Queen of England to the Royal Academy of Health.

His community activities have included participation in the local Boys Club and Youth Foundation and the board of the Seymour School Holding Corporation. He has been active in the Seymour and Indiana State Chambers of Commerce, a number of civic and fraternal organizations and is a member of the American Legion.

When **impotence** due to

androgenic deficiency



is driving them apart

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Methyltestosterone N.F. — 5, 10, 25 mg.

DESCRIPTION: Methyltestosterone is 17β-Hydroxy-17-Methylandrost-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Postpuberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchism, 30 mg. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250.

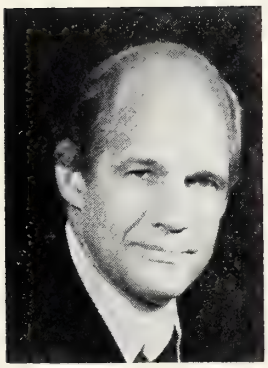
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REFER TO PDR

President's Page



Several factors in the political equation militate against the passage of a Health Insurance Bill in 1975. The largest coefficient of the political formula is the estimated multi-billion dollar annual cost of a comprehensive health program. When combined with the projected huge budget deficit and the rate of increasing medical costs, such a formidable sum is certain to slow the congressional machinery. This was very obvious to the Indiana State Medical Association Executive Committee when we made our congressional visitation this spring. All of the legislators thought that some form of national health insurance is needed; but nothing will be brought to vote before the latter part of next year. The future of medical care may well become, again, a political tactic in the 1976 national elections.

Indiana physicians have shown that when we all pull together for a common goal, we can obtain the type of legislation that we desire. I think one form of legislation that most would be for is federal assistance to private carriers for patients with catastrophic illnesses. We know that life savings, homes, businesses, all could be wiped out by a serious and prolonged illness. Many of us know a friend, relative or patient who has suffered a catastrophic illness and who needed assistance. I am certain that we would be for such a program for this type of need. But let us, as professionals, determine what program, what evaluation, what we need and what we want, then determine what role government should have, if any. Let us work together with all of the doctors of the United States, through the American Medical Association, and our State Association to guide the future legislation and not just sit idly by while the government works to administer our profession.

Gilbert M. Wilhelmus, M. D.
President
Indiana State Medical Association

The Woman's Auxiliary Reports to ISMA



This month our report to you comes from Mrs. Eli Goodman, the Indiana State Medical Auxiliary's Communication Chairman.

We plan to continue priorties of membership, AMA-ERF and legislation with special emphasis on public relations and communications.

Allie L. Reed

Mrs. Edsel T. Reed, President

Communications

Communications involves the effort to transmit an idea or emotion from the mind of one person to the mind of one or more other persons—with a minimum of distortion.

The following is an example of how communications can be "fouled up." A hotel clerk received a long-distance call about an overnight reservation. "Do you want a room with a tub or a shower?" the clerk asked. "What's the difference?" the caller replied. "Well," came the patient response, "with a tub you sit down." Communications failed here because each party had understood the word "difference" in his own way. To the caller it meant variation in price. To the clerk, it was a variance in function. There was no "meeting of meanings" which is another way of defining communications.

I was one of the group of eight from Indiana who attended the North Central Regional Workshop: "Talk-In," October 17-18, 1974, in Chicago, Ill.

Here are some of the suggestions as expressed by Indiana County Communication Chairman in response to communication problems within the Auxiliary:

> Never hesitate to try something; if it fails, at least it's been tried. Talk it out with people who take pot shots at medicine. Listen to both sides. Become more knowledgeable regarding Auxiliary aims and projects. Important . . . thorough planning in publicity programs . . . story possibilities . . . profile of people in Auxiliary. Stories . . . what is new and what's different. Listen for the needs of your community.
>
> Strive for . . . Communication for Awareness, among ourselves and with the public—to promote better communications and visibility with our members, with our physicians' organizations, with the community and with the media.

Margaret Goodman
Communication Chairman

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Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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*Dr. Parrott will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*

*__Inactive Status__

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Indianapolis

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Chief Radiologist—Eugene C. Klatte, M.D.

Outpatient Mental Health Facilities In the State of Indiana: 1975

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the Department of Mental Health, 1315 West Tenth St., Indianapolis, 46202, Mental Illness Division, Daniel D. Steiner, ACSW, Director, 634-8401 Ext. 285.

Anderson

*The Center for Mental Health, 1616 Meridian Street, 46016. (317) 642-4968
K. Ramachandram, M.D., Medical Director.
Donald Maxstadt, ACSW, Administrator.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311
Leon Levy, Ph.D., Director.
Michael Johnson, M.D., Acting Medical Director.
Gordon Gibson, Administrator.
*Community Mental Health Center, 640 South Rogers, 47401. (812) 339-1691

Columbus

Quinco Consulting Center, 2075 Lincoln Park Drive, 47201. (812) 379-2341
George C. Weinland, M.D., Medical Director.
Eugene Hall, Adm.

Danville

*Cummins Mental Health Clinic, Inc., 1000 East Main Street, 46122. (317) 745-6755
Gary D. Beck, ACSW, Director.

East Chicago

*Tri-City Comprehensive Community Mental Health Center, Inc., St. Catherine Hospital, 4321 Fir Street, 46312. (219) 392-7413
Edward Watts, M.D., Medical Director.
Richard E. McPherson, ACSW, Director.

Elkhart

*Oaklawn Community Mental Health Center, Inc., 2600 Oakland Ave., 46514. (219) 294-3551
Otto D. Klassen, M.D., Medical Director.
Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Mental Health Center, Inc., 415 Mulberry Street, 47713. (812) 423-7791
Eugene Middelman, M.D., Ph.D., Medical Director.
Robert M. Spear, Business Administrator.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776, ext. 215, 217
Robert L. Greenlee, M.D., Medical Director.
Richard W. Noel, Administrator.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031
Krystyna Sklenarz, M.D., Medical Director.
Mrs. Mary E. Redfox, Business Administrator.

*Partially supported by the Indiana Department of Mental Health.

**Completely supported by the Indiana Department of Mental Health.

Indianapolis

Adult Psychiatry Clinic, Indiana-Purdue University Medical Center, 1100 West Michigan St., 46202. (317) 264-7422
John E. Kooiker, M.D., Medical Director.
John I. Nurnberger, M.D., Administrator.

**Central State Hospital Clinic—Alcoholism—3000 West Washington St., 46222. (317) 639-5304
Rosendo G. Transinsin, M.D., Unit Chief.
Mrs. Deanne K. Peer, Administrator.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381
Antonio Recinto, M.D., Medical Director.
Ben L. Glancy, Administrator.

Epilepsy Clinic of The Indiana University Medical Center, Fourth Floor, Riley Hospital, 46202. (317) 264-4974
Omkar Markand, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46202. (317) 635-2538
The Rev. Canon Stewart Wood, Jr., Executive Director.

**Larue D. Carter Memorial Hospital—Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401
Joseph A. FitzGerald, M.D., Director.

Midtown Mental Health Center, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7621
James J. Wright, M.D., Medical Director.
Don Sloan, Executive Director.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 264-8747
Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7363

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 264-8162
Donald Churchill, M.D., Director and Administrator.

Jasper

*Southern Hills Mental Health Center, Inc., 112 W. 5th Street, 47546. (812) 482-3020
A. G. Pontaoe, M.D., Medical Director.
Robert Flick, Administrator.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 207 West 13th Street 47130. (812) 283-4491
Joseph B. Brill, M.D., Medical Director.
John Case, Administrator.

Kendallville

*Northeastern Indiana Psychiatric Clinic, Inc., 305 E. North St. (U.S. 6) 46755 (219) 347-2453
James P. Spink, Ph.D., Clinical Director.
Otto D. Klassen, M.D., Medical Director.

Kokomo

*Howard County Regional Mental Health Center, 3500 S. Lafountain St. 46901. (317) 453-7801
John A. Bowman, M.D., Medical Director.
James Jones, Administrator.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette 47907. (317) 749-2754
James D. Linden, Ph.D., Director.
Donald R. Ottinger, Ph.D.

*Wabash Valley Hospital Mental Health Center. 2900 North River Avenue, West Lafayette, Indiana 47906. (317) 463-2555
Richard F. Rahdert, M.D., Medical Director.
Donald Kinzer, Administrator.

LaPorte

*LaPorte County Community Mental Health Center, 1304 Jefferson Ave., LaPorte 46350 (219) 362-2145
Chester F. McClure, M.D., Medical Director.
David Spolyar, Administrator.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025. (812) 537-1302
Ieva Veveris, M.D., Medical Director.
James Jones, Administrator.

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. (219) 753-6328
James Schalliol, M.D., Medical Director.
David Barnett, ACSW, Administrator.

Madison

**Madison State Hospital Outpatient Clinic, Madison, 47250. (812) 265-2611
Donald B. Rogers, M.D., Medical Director.
Ott B. McAtee, M.D., Superintendent.

Marion

*Grant-Blackford County Mental Health Center, 412 South Boots St., 46952. (317) 664-0631
Robert Adams, M.D., Medical Director.
John Brubaker, ACSW, Executive Director.

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928
Richard C. McNabb, M.D., Medical Director.
Robert A. Stump, ACSW, Administrator.

Richmond

*Camilla B. Dunn Mental Health Clinic, 54 South 15th St., 47374. (317) 962-1523
C. G. Clarkson, M.D., Medical Director.
Donald Anthony, Executive Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 711 Colfax Avenue 46617. (219) 234-0061
C. Glenn Harris, M.D., Medical Director.
Joseph Stephens, Administrator.

Terre Haute

*Katherine Hamilton Mental Health Center, 620 Eighth Avenue 47804. (812) 232-1181
William C. Shriner, M.D., Medical Director.
Michael Wood, Director of Administration.

Valparaiso

*Porter County Guidance Clinic, 165 Lincolnway, 46383. (219) 462-4105
Myron E. Berkson, M.D., Medical Director.
Mrs. Edith Parsons, Administrator.

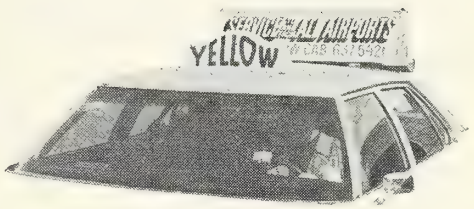
Vincennes

*Vincennes Comprehensive Mental Health Center, Good Samaritan Hospital, 520 South Seventh Street 47591. (812) 885-3291
Frederick H. Buehl, M.D., Medical Director.
Earl Stanley, Assistant Administrator, Business.

Warsaw

*Five County Mental Health Clinic, Inc., 703 South Buffalo St., 46580. (219) 267-7169
Herbert E. Salsberry, M.D., Medical Director.
Ben Knott, Ph.D., Administrator. ◄

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April 1, 1975

****INDICATES APPROVED MEDICARE HOSPITAL**

ADAMS COUNTY

****Adams County Memorial Hospital**
805 High Street, Decatur 46733
Mr. Edwin H. Kauffman, Adm.
Beds: 73

ALLEN COUNTY

Byron Health Center—Hospital Unit
12101 Lima Road, Fort Wayne 46808
Mr. Thomas Katsanis, Adm.
Beds: 50

****The Lutheran Hospital of Fort Wayne**
3024 Fairfield Ave., Fort Wayne 46807
Mr. Edgar C. Kruse, President
Beds: 524

****Parkview Memorial Hospital, Inc.**
2200 Randalia Dr., Fort Wayne 46805
Mr. Mark Slen, Adm.
Beds: 600

****St. Joseph's Hospital of Fort Wayne, Inc.**
700 Broadway, Fort Wayne 46802
Sister M. Kathleen Quinn, Adm.
Beds: 409

BARTHOLOMEW COUNTY

****Bartholomew County Hospital**
2400 East 17th St., Columbus 47201
Mr. Robert S. Borczon, Adm.
Beds: 409

BLACKFORD COUNTY

****Blackford County Hospital**
503 E. Van Cleve St., Hartford City 48348
Mr. Warren O. Phemister, Adm.
Beds: 47

BOONE COUNTY

****Witham Memorial Hospital**
1124 N. Lebanon St., Lebonon 46052
Mr. John B. Riekena, Adm.
Beds: 83

CASS COUNTY

****Memorial Hospital**
1101 Michigan Ave., Logansport 46947
Mr. Herbert L. Fromm, Executive Director
Beds: 135

****St. Joseph Hospital**
26th and North Sts., Logansport
Sister M. Vincetta Traffas, Adm.
Beds: 87

CLARK COUNTY

****Clark County Memorial Hospital**
1220 Missouri Ave., Jeffersonville 47130
Mr. Benedict Hesen, Adm.
Beds: 231

CLAY COUNTY

****Clay County Hospital**
1206 E. National Ave., Brazil 47834
Beds: 109

CLINTON COUNTY

****Clinton County Hospital**
1300 S. Jackson St., Frankfort 46041
Mr. William J. Russell, Adm.
Beds: 83

DAVIESS COUNTY

****Daviess County Hospital**
1314 Grand Ave., Washington 47501
Mr. William D. Gibson, Adm.
Beds: 136

DEARBORN COUNTY

****Dearborn County Hospital**
600 Wilson Creek Rd., Lawrenceburg 47025
Mr. Daniel J. Rissing, Adm.
Beds: 113

DECATUR COUNTY

****Decatur County Memorial Hospital**
720 N. Lincoln St., Greensburg 47240
Mr. Jack A. Peters, Executive Director
Beds: 84

DEKALB COUNTY

****DeKalb Memorial Hospital, Inc.**
East Seventh St., Auburn 46706
Mr. L. C. Baker, Adm.
Beds: 87

****Garrett Community Hospital, Inc.**
1367 S. Randolph St., Garrett 46738
Mr. Richard J. Hollis, Adm.
Beds: 40

DELAWARE COUNTY

****Ball Memorial Hospital Association, Inc.**
2401 University Ave., Muncie 47303
Mr. Roy F. Erickson, Pres.
Beds: 549

DUBOIS COUNTY

****Memorial Hospital**
(Little Company of Mary of Indiana, Inc.)
800 West 9th St., Jasper 47546
Mr. Herman A. Kohlman, Executive Director
Beds: 135

***Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.**

**St. Joseph's Hospital
Leland Heights, Huntingburg 47542
Mr. Norman Wright, Adm.
Beds: 87

ELKHART COUNTY

**Elkhart General Hospital
600 East Boulevard, P.O. Box 329, Elkhart 46514
Mr. John H. Tallmadge, Pres.
Beds: 291

**Goshen General Hospital
200 High Park Avenue, Goshen 46526
Mr. John H. Shephard, Adm.
Beds: 166

FAYETTE COUNTY

**Fayette Memorial Hospital Association, Inc.
1941 Virginia Ave., Connersville 47331
Mr. Paul Strube, Adm.
Beds: 112

FLOYD COUNTY

**Memorial Hospital of Floyd County
1850 State St., New Albany 47150
Mr. William I. Fender, Adm.
Beds: 260

FULTON COUNTY

**Woodlawn Hospital of Rochester, Indiana
624 Pontiac St., Rochester 46975
Mr. Donald J. Logue, Adm.
Beds: 49

GIBSON COUNTY

**Gibson General Hospital
1808 Sherman Drive, Princeton 47670
Mr. Howard F. Vire, Adm.
Beds: 118

**Wirth Osteopathic Hospital
Highway 64, West, Oakland City 47660
Mr. Kenneth Simmons, Adm.
Beds: 35

GRANT COUNTY

**Marion General Hospital
Wabash at Euclid, Marion 46952
Mr. John W. Green, Adm.
Beds: 292

GREENE COUNTY

Greene County General Hospital
R.R. 1, Lone Tree Road & Hwy. 54E, Linton 47441
Mr. Malcolm M. Clippinger, Adm.
Beds: 80

HAMILTON COUNTY

**Riverview Hospital
395 Westfield Rd., Noblesville 46060
Mr. Peter R. Mariani, Adm.
Beds: 156

HANCOCK COUNTY

**Hancock County Memorial Hospital
300 North State Street, P.O. Box 827, Greenfield 46140
Mr. C. L. Morris, Adm.
Beds: 118

HARRISON COUNTY

**Harrison County Hospital
R.R. 6, Box 75, Corydon 47112
Mr. John T. Vie, Adm.
Beds: 65

HENDRICKS COUNTY

**Hendricks County Hospital
1000 E. Main St., Danville 46122
Mr. Dennis W. Dawes, Adm.
Beds: 127

HENRY COUNTY

**Henry County Memorial Hospital
1000 N. 16th, P.O. Box 490, New Castle 47362
Mr. Norman D. Penick, Adm.
Beds: 194

HOWARD COUNTY

**Howard Community Hospital
3500 S. LaFountain St., Kokomo 46901
Mr. George R. Banjak, Adm.
Beds: 193

**St. Joseph Memorial Hospital of Kokomo, Ind., Inc.
1907 W. Sycamore St., Kokomo 46901
Sister M. Martin C.S.J., Adm.
Beds: 248

HUNTINGTON COUNTY

**Huntington County Hospital
1215 Etna Ave., Huntington 46750
Mr. Leigh E. Morris, Exec. Dir.
Beds: 95

JACKSON COUNTY

**Jackson County Schneck Memorial Hospital
200 S. Walnut St., Seymour 47274
Mr. George H. James, Jr., Adm.
Beds: 175

JASPER COUNTY

**Jasper County Hospital
East Grace St., Rensselaer 47978
Mr. Jack M. Corey, Adm.
Beds: 58

JAY COUNTY

**Jay County Hospital
505 W. Arch St., Portland 47371
Mr. Warren Phemister, Adm.
Beds: 110

JEFFERSON COUNTY

**The King's Daughters' Hospital
112 Presbyterian Ave., Madison 47250
Mr. W. A. McAlexander, Adm.
Beds: 130

JOHNSON COUNTY

Indiana Masonic Home Hospital
690 South State St., Franklin 46131
Mr. Harold Miller, Jr., Supt.
Beds: 212

**Johnson County Memorial Hospital
P.O. Box 368, Franklin 46131
Mr. George P. Goshorn, Adm.
Beds: 184

Continued

KNOX COUNTY

****Good Samaritan Hospital**
520 S. Seventh St., Vincennes 47591
Mr. Charles Arends, Adm.
Beds: 316

KOSCIUSKO COUNTY

****Murphy Medical Center, Inc.**
Buffalo at Winona Ave., Warsaw 46580
Mr. Robert A. Berryman, Adm.
Beds: 76

LAGRANGE COUNTY

****LaGrange County Hospital**
Townline Road, La Grange 46761
Mrs. Elsie R. Willard, Adm.
Beds: 73

LAKE COUNTY

****James O. Parramore Hospital**
2600 West 93rd Ave., Crown Point 46307
Peter E. Gutierrez, M.D., Adm.
Beds: 66

****Our Lady of Mercy Hospital**
U. S. Highway 30, Dyer 46311
Sister Mary Marcia Wilhelmi, R.S.M., Adm.
Beds: 258

****St. Catherine Hospital of East Chicago**
4321 Fir St., East Chicago 46312
Sister M. Stephen Brueggeman, Adm.
Beds: 400

****St. Margaret Hospital**
25 Douglas St., Hammond 46320
Sister M. Doris Hodges, O.S.F., Adm.
Beds: 475

****St. Mary Medical Center, Inc.**
540 Tyler St., Gary 46402
Mr. Paul R. Kaiser, Adm.
Beds: 400

****St. Mary Medical Center, Inc.**
1500 S. Lake Park Ave., Hobart 46342
Mr. Paul R. Kaiser, Adm.
Beds: 159

****The Methodist Hospital of Gary, Inc.**
600 Grant Street, Gary 46402
Everett A. Johnson, Ph.D., Adm.
Beds: 400

****The Community Hospital**
(Munster Medical Research Department)
901 MacArthur Blvd., Munster 46321
Mr. Edward P. Robinson, Adm.
Beds: 104

LAPORTE COUNTY

****LaPorte Hospital, Inc.**
1007 Lincolnway, LaPorte 46350
Mr. David D. Kramer, Adm.
Beds: 213

****Memorial Hospital of Michigan City**
5th and Pine Sts., Michigan City 46360
Mrs. Peggy Hanner, Acting Adm.
Beds: 99

****St. Anthony Hospital**
301 W. Homer St., Michigan City 46360
Sister Mary Agnes Zinselmeyer, Adm.
Beds: 195

****Walters Hospital Foundation, Inc.**
3714 S. Franklin St., Michigan City 46360
Mr. Richard W. Bartnik, Adm.
Beds: 89

LAWRENCE COUNTY

****Bedford Medical Center**
2900 W. 16th Street, Bedford 47421
Mr. Donald W. Dodds, Adm.
Beds: 117

****Dunn Memorial Hospital**
1616 23rd St., Bedford 47421
Mr. Richard G. Shedd, Adm.
Beds: 137

MADISON COUNTY

****Community Hospital of Anderson and Madison County**
1515 N. Madison Ave., Anderson 46012
Mr. Paul H. Ward, Jr., Adm.
Beds: 225

****Mercy Hospital, Inc.**
1331 South "A" St., Elwood 46036
Mr. Edward J. Tapek, Adm.
Beds: 72

****St. Johns' Hickey Memorial Hospital**
2015 Jackson, Anderson 46014
Sister Mary Brooks, C.S.C., Adm.
Beds: 333

MARION COUNTY

****Community Hospital of Indianapolis, Inc.**
1500 N. Ritter Ave., Indianapolis 46219
Allen M. Hicks, Pres.
Beds: 850

****Indiana University Hospital**
1100 W. Michigan St., Indianapolis 46202
Mr. Robert C. Terrill, Dir.
Beds: 576

****Marion County General Hospital**
960 Locke St., Indianapolis 46202
Mr. Robert C. Kidd II, Adm.
Beds: 675

****Methodist Hospital of Indiana, Inc.**
1604 N. Capitol Ave., Indianapolis 46202
Mr. Jack A. L. Hahn, President
Mr. John R. Mote, Vice Pres., Administration
Beds: 1,060

****St. Francis Hospital Center**
1600 Albany St., Beech Grove 46107
Sister M. Sponsaria, O.S.F. Exec. Dir.
Mr. Don D. Hamachek, Adm.
Beds: 456

****St. Vincent Hospital**
2001 W. 86th St., Indianapolis 46260
Sister Carlos McDonnell, Adm.
Beds: 508

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis 46227
Mr. Raymond E. Laughlin, Adm.
Beds: 155

**Winona Memorial Hospital
3232 N. Meridian St., Indianapolis 46208
Bryon L. Steger, M.D., Exec. Vice Pres.
Beds: 403

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen 46506
Mr. Roy M. Foltin, Adm.
Beds: 23

**Marshall County Parkview Hospital
1401 N. Michigan St., Pylmouth 46563
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 74

MIAMI COUNTY

**Dukes Memorial Hospital
275 West 12th St., Peru 46970
Mr. Robert L. Allman, Adm.
Beds: 107

MONROE COUNTY

**Bloomington Hospital
605-625 W. Second St., Bloomington 47401
Mr. Roland E. Kohr, Adm.
Beds: 301

MONTGOMERY COUNTY

**Montgomery County Culver Union Hospital
308 Binford St., Crawfordsville 47933
Mr. William Stoltz, Adm.
Beds: 142

MORGAN COUNTY

**The Margaret Kendrick Memorial Hospital, Inc.
1201 Hadley Road, Mooresville 46158
Mrs. Louise D. Swisher, Adm.
Beds: 60

**Morgan County Memorial Hospital
2209 John R. Wooden Dr., Martinsville 46151
Mr. Kenneth G. Stella, Adm.
Beds: 125

NEWTON COUNTY

**George Ade Memorial Hospital
Highway 16, Brook 47922
Mr. Lawrence Bannon, Acting Adm.
Beds: 63

NOBLE COUNTY

**McCray Memorial Hospital
Hospital Drive, Kendallville 46755
Mr. Dale D. Cochard, Adm.
Beds: 72

ORANGE COUNTY

**Orange County Hospital
Sandy Hook Road, Paoli 47454
Mr. W. Lavelle Garritson, Adm.
Beds: 66

PERRY COUNTY

**Perry County Memorial Hospital
Box H. Tell City 47586
Mr. U. J. Bender, Adm.
Beds: 55

PORTER COUNTY

**Porter Memorial Hospital
814 LaPorte Ave., Valparaiso 46383
Mr. Arthur S. Malasto, Adm.
Beds: 340

PULASKI COUNTY

**Pulaski Memorial Hospital
616 East 13th St., Winamac 46996
Mr. Theodore H. Kittell, Ph.D., Adm.
Beds: 41

PUTNAM COUNTY

**Putnam County Hospital
330 Greenwood Ave., Greencastle 46135
Mrs. Dorothy Toney, Acting Adm.
Beds: 81

RANDOLPH COUNTY

**Randolph County Hospital
Oak St. and Greenville Ave., Winchester 47394
Mr. Maurice Hutcherson, Adm.
Beds: 71

**Union City Memorial Hospital Association
900 N. Columbia St., Union City 47390
Mr. Lacy C. Barnett, Adm.
Beds: 50

RIPLEY COUNTY

**Margaret Mary Community Hospital
Mitchel Ave., Batesville 47006
Mr. Wilbur L. Mauzy, Adm.
Beds: 120

RUSH COUNTY

**Rush Memorial Hospital
1300 N. Main St., Rushville 46173
Mr. Karl F. Stein, Adm.
Beds: 79

ST. JOSEPH COUNTY

**Healthwin Hospital
20531 West Darden Road, South Bend 46637
Mr. Donald F. Henry, Adm.
Beds: 126

**Memorial Hospital of South Bend
615 N. Michigan St., South Bend 46601
Mr. Richard W. Trenkner, Adm.
Beds: 526

**St. Joseph Hospital of Mishawaka, Indiana, Inc.
215 W. 4th St., Mishawaka 46544
Sister M. Maureen Freihage, Adm.
Beds: 117

**St. Joseph's Hospital
811 E. Madison St., South Bend 46634
Sister Margo Cain, C.S.C., Adm.
Beds: 338

****South Bend Osteopathic Hospital**
2515 E. Jefferson Blvd., South Bend 46615
A. F. Kull, D.O., President
Mr. John E. Pasch, Adm.
Beds: 103

SCOTT COUNTY

****Scott County Memorial Hospital**
R.R. 1, Box 19, Scottsburg 47170
Mr. Miles K. Mumford, Adm.
Beds: 71

SHELBY COUNTY

****William S. Major Hospital**
150 W. Washington St., Shelbyville 46076
Mr. John R. Webb, Adm.
Beds: 97

STARKE COUNTY

****Starke Memorial Hospital**
102 E. Culver Road, Knox 46534
Mr. James W. Gordon, Adm.
Beds: 77

STEUBEN COUNTY

****Cameron Memorial Community Hospital**
416 East and 909 West Maumee St., St. Angola 46703
Mr. Ronald D. Showalter, Adm.
Beds: 73

SULLIVAN COUNTY

****Mary Sherman Hospital**
320 N. Section St., Sullivan 47882
Mr. William H. Sluder, Adm.
Beds: 100

TIPPECANOE COUNTY

****Lafayette Home Hospital, Inc.**
2400 South St., Lafayette 47902
Mr. Franklin E. Simek, Adm.
Beds: 365

Purdue University Student Hospital
West Lafayette 47907
Loyal W. Combs, M.D., Dir.
Beds: 54

****St. Elizabeth Hospital**
1501 Hartford Street, Lafayette 47904
Mr. Paul E. Hess, Adm.
Beds: 375

TIPTON COUNTY

****Tipton County Memorial Hospital**
1000 South Main Street, Tipton 46072
Mr. James C. Talley, Adm.
Beds: 136

VANDERBURGH COUNTY

****Deaconess Hospital, Inc.**
600-700 Mary St., Evansville 47747
Mr. David A. Johnson, Adm.
Beds: 590

****St. Mary's Hospital, Inc.**
3700 Washington Ave., Evansville 47750
Sister Theresa Peck, Adm.
Beds: 421

Continued

****Welborn Memorial Baptist Hospital, Inc.**
401 S.E. 6th St., Evansville 47713
Mr. Donald I. Gent, Executive Dir.
Beds: 487

VERMILLION COUNTY

****Vermillion County Hospital**
801 S. Main St., Clinton 47842
Mr. Gerald C. Dooley, Adm.
Beds: 52

VIGO COUNTY

****St. Anthony Hospital**
1021 S. 6th St., Terre Haute 47808
Sister Mary Georgette, O.S.F., Acting Adm.
Beds: 296

****Union Hospital, Inc.**
1606 N. 7th St., Terre Haute 47804
Mr. Frank Shelton, Adm.
Beds: 316

WABASH COUNTY

****Wabash County Hospital**
670 N. East St., Wabash 46992
Mr. Wayne Hendrix, Adm.
Beds: 149

WARREN COUNTY

****Community Hospital Assn., Inc.**
412 N. Monroe St., Williamsport 47993
Mrs. Norma Hillyer, R.N., Adm.
Beds: 35

WASHINGTON COUNTY

****Washington County Memorial Hospital**
911 N. Shelby Street, Salem 47167
Mr. Ralph W. Keyes, Adm.
Beds: 63

WAYNE COUNTY

****Reid Memorial Hospital**
1401 Chester Blvd., Richmond 47374
Mr. Kenneth R. Spoon, Adm.
Beds: 352

WELLS COUNTY

****Caylor-Nickel Hospital, Inc.**
309 S. Main St., Bluffton 46714
Mr. Paul H. Neely, Adm.
Beds: 184

****Wells Community Hospital**
1100 S. Main St., Bluffton 46714
Mr. Paul Bender, Adm.
Beds: 59

WHITE COUNTY

****White County Memorial Hospital**
1101 O'Connor Blvd., Monticello 47960
Mr. William R. Saunders, Adm.
Beds: 47

WHITLEY COUNTY

****Whitley County Memorial Hospital**
353 N. Oak St., Columbia City 46725
Mr. Robert L. McConnell, Adm.
Beds: 84

Community Centers for the Mentally Retarded*

ADAMS-WELLS COUNTY

Adams-Wells Association for Retarded Children, Inc.
R.R. 4, Bluffton 46714

ALLEN COUNTY

Allen County Association for the Retarded, Inc.
2542 Thompson Ave., Fort Wayne 46807

BARTHOLOMEW COUNTY

United Developmental Services, Inc.
1541 Hutchins, Columbus 47201
Opportunity Center, Inc.
1402 Hutchins Avenue, Columbus 47201

CASS COUNTY

Cass County Council for The Mentally Retarded, Inc.
1416 Woodlawn Ave., Logansport 46947

CLARK COUNTY

Council for Retarded Children of Clark County, Inc.
P.O. Box 486, Jeffersonville 47130

DAVIESS COUNTY

Daviess County Association for Retarded Children, Inc.
1412 Memorial Ave., Washington 47501

DEARBORN COUNTY

Community Mental Health-Mental Retardation Center, Inc.
285 Bielby Road, Lawrenceburg, 47025

DELAWARE COUNTY

Delaware County Council for Retarded Children, Inc.
2420 S. Mock—P.O. Box 848, Muncie 47305

PERRY COUNTY

Southern Indiana Retardation Services, Inc.
Box 285, Tell City 47586

ELKHART COUNTY

Elkhart County Association for the Retarded, Inc.
P.O. Box 398, Bristol 46507

FRANKLIN COUNTY

New Horizon Rehabilitation, Inc.
P. O. Box 98, Batesville 47006

FAYETTE-UNION COUNTIES

Fayette-Union Association for Retarded, Inc.
420 West 24th St., Connersville 47331

FLOYD COUNTY

Floyd County Council for the Retarded, Inc.
Shrader and Abby-Dell Aves., New Albany 47150

FULTON COUNTY

Fulton County Association for Retarded Children, Inc.
1229 Lakeshore Dr., Rochester 46975

GIBSON COUNTY

Gibson County Association for Retarded Children, Inc.
120 W. State St., Princeton 47670

GRANT COUNTY

Grant-Blackford Mental Retardation, Inc.
2715 S. Western Ave., Marion 46952

HAMILTON COUNTY

Hamilton County Association for Retarded Children, Inc.
P. O. Box 361, Noblesville 46060

HANCOCK COUNTY

Hancock County Association for Retarded Children, Inc.
802 North A Street, Greenfield 46140

HARRISON-ORANGE COUNTY

Harrison-Orange County Association for Retarded, Inc.
Palmyra 47164

HOWARD COUNTY

Howard County Association for the Education of Mentally Retarded Children, Inc.
1425 S. Plate, Kokomo 46901

HUNTINGTON COUNTY

Huntington County Association for Retarded Children, Inc.
P.O. Box 1001, Huntington 46750

JAY COUNTY

Jayland Workshop, Inc.
E. Water St., Portland 47371

JOHNSON COUNTY

Johnson County Association for the Parents and Friends of Retarded Children, Inc.
214 S. State St., Franklin 46131

KOSCIUSKO COUNTY

Council for the Retarded of Kosciusko County, Inc.
504 N. Bay Dr., Warsaw 46580

LaGRANGE COUNTY

LaGrange County Association for Retarded Children, Inc.
Box 192, Howe 46746

LAKE COUNTY

Lake County Association for Retarded Children, Inc.
2650 W. 35th Ave., Gary 46408

LAPORTE COUNTY

LaPorte County Sheltered Workshop
2608 Plum St., Michigan City 46360
Parents' Council for Handicapped and Retarded Children of LaPorte County, Inc.
3200 S. Cleveland Ave., Michigan City 46360

MADISON COUNTY

Madison County Association for Retarded Children, Inc.
P.O. Box 544, Anderson 46015

*Compiled by the Indiana Department on Mental Retardation, and Other Developmental Disabilities, 3989 Meadows Dr., Suite ., Indianapolis 46205.

MARION COUNTY

Marion County Association for Retarded Children, Inc.
2400 N. Tibbs Ave., Indianapolis 46222

MARSHALL-STARKE COUNTIES

Marshall-Starke Development Center, Inc.
R. R. 1 Knox 46534

MONROE COUNTY

Stonebelt Council for Retarded Children, Inc.
2815 E. 10th, Bloomington 47401

MONTGOMERY COUNTY

A. C. A. P. A. L.
302 E. Market, Crawfordsville 47933

MORGAN COUNTY

Morgan County Association for Retarded Children, Inc.
P.O. Box 484, Martinsville 46151

NOBLE COUNTY

Noble County Association for Retarded Citizens, Inc.
205 East Highland Street, Albion 46701

ORANGE COUNTY

Orange County Association for Retarded Children, Inc.
P.O. Box 143, Paoli 47454

PARKE COUNTY

Child-Adult Retardation Services, Inc.
P.O. Box 96, Rockville 47872

PULASKI COUNTY

Pulaski County Council for Retarded & Exceptional Persons, Inc.
R.R. 2, Winamac 46996

STEUBEN COUNTY

Community Sheltered Workshop of Steuben County, Inc.
Angola 46703

ST. JOSEPH COUNTY

Council for the Retarded of St. Joseph County, Inc.
1235 N. Eddy St., South Bend 46617

SULLIVAN COUNTY

Sullivan County Association for Retarded Children, Inc.
501 North Hartley Street, Sullivan 47882

TIPPECANOE COUNTY

Wabash Center for the Mentally Retarded, Inc.
2000 Greenbush St., Lafayette 47904

VANDERBURGH COUNTY

Evansville Association for Retarded Children, Inc.
2029 Washington Ave., Evansville 47714

VIGO COUNTY

Katherine Hamilton Mental Health Center, Inc.
620 8th Avenue, Terre Haute 47807

WABASH COUNTY

Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.
P. O. Box 400, Wabash 46992

WAYNE COUNTY

Wayne County Council for Retarded Children, Inc.
800 Mendleson Dr., Richmond 47374

WHITE COUNTY

Comprehensive Association for Retarded Children, Inc.
104 West South Street, Monticello 47960

Federally Approved Rehabilitation Centers in Indiana

CLARK COUNTY

Southeastern Indiana Rehabilitation Center, Inc.
1329 Applegate Lane
Clarksville, 47130

ELKHART COUNTY

The Rehabilitation Center
702 Williams Street
Elkhart 46514

LAKE COUNTY

Trade Winds Rehabilitation Center Inc.
5901 West 7th
Gary, 46406

MARION COUNTY

Crossroads Rehabilitation Center
3242 Sutherland Avenue
Indianapolis 46205

VANDERBURGH COUNTY

The Rehabilitation Center, Inc.
3701 Bellemeade Avenue
Evansville 47715

Federally Approved Home Health Services Agencies in Indiana

ALLEN COUNTY

Indiana Homemakers Inc.
2250 Lake Ave., Fort Wayne 46805

Visiting Nurses Service of Fort Wayne, Inc.
227 E. Washington Blvd., Fort Wayne

BARTHOLOMEW COUNTY

Bartholomew County Health Department Home Health Service
2402 East 17th St., Columbus

CASS COUNTY

Home Care Program of Memorial Hospital
1101 Michigan Ave., Logansport

DELAWARE COUNTY

Visiting Nurse Association, Inc.
2500 Bethel Avenue, Muncie

ELKHART COUNTY

Nursing Division, Elkhart County Health Unit
315 N. Second St., Elkhart

GRANT COUNTY

Grant County Visiting Nurse Association, Inc.
116 Cherry St., Marion

HANCOCK COUNTY

East Side Home Care
R. R. #7, Box 70, Greenfield

JACKSON COUNTY

Home Health Care Division, Jackson County Department of Health, Jackson County Hospital
Poplar & Bruce Streets, Seymour

JEFFERSON COUNTY

Home Health Division, Jefferson County Health Dept.
P.O. Box 204, Madison

JOHNSON COUNTY

Division of Nursing, Johnson County Health Dept.
E. Jefferson, Franklin

LAKE COUNTY

Home Care Department, Lake County Health Dept.
293 N. Main, Crown Point

Home Nursing Service
United Health Program
United Community Chest, Inc.
111 Sibley St., Hammond

Northwest Indiana Home Health Services
Visiting Nurse Association, Inc.
4442-170th St., Hammond

LAPORTE COUNTY

Visiting Nurses Association of LaPorte County, Inc.
603 Indiana Ave., LaPorte

MARION COUNTY

Indiana Homemakers, Inc.
6214 N. Carrollton Ave., Indianapolis 46220

Visiting Nurse Association, Inc.
615 N. Alabama St., Indianapolis

Home Care Agency of Greater Indpls., Inc.
3190 N. Meridian St., Indianapolis

MARSHALL COUNTY

Home Health Division, Marshall County Health Dept.
Court House, Plymouth

MONROE COUNTY

Public Health Nursing Assn. of Bloomington & Monroe County, Inc.
315 W. Dodds St., Bloomington

PORTER COUNTY

Visiting Nurse Association of Porter County, Inc.
755 W. Lincolnway, Valparaiso

RUSH COUNTY

Rush County Home Health Services
Rush County Public Health Dept.
Courthouse, Room 5, Rushville

ST. JOSEPH COUNTY

Indiana Homemakers, Inc.
120 W. LaSalle, Rm. 404, South Bend 46601

Visiting Nurses Assn. of St. Joseph County, Inc.
321 Lincolnway West, South Bend

SCOTT COUNTY

Home Care Division, Scott County Health Department
R.R. 2, Box 1-A, Scottsburg

SULLIVAN COUNTY

Home Care Agency, Mary Sherman Hospital
320 North Section Street, Sullivan

TIPPECANOE COUNTY

Visiting Nursing Service of Lafayette, Inc.
1114 State St., Lafayette

VANDERBURGH COUNTY

Visiting Nurse Association of Southwestern Indiana, Inc.
120 S.E. First St., Evansville

VIGO COUNTY

Visiting Nurse Assn. of Terre Haute, Inc.
328 S. Fifth St., Terre Haute

WAYNE COUNTY

Wayne County Health Department
15 N. Tenth St., Richmond

Medicare Approved Independent Clinical Laboratories—1975

ALLEN COUNTY

Ft. Wayne Medical Laboratory Corp.
519 Medical Center Building
347 W. Berry St., P.O. Box 268
Ft. Wayne 46802

New Haven Medical Laboratory
1010 Werling Road
New Haven 46774

Chem-Tech Laboratories, Inc.
4410 Executive Blvd., Fort Wayne 46808

CLARK COUNTY

Jeffersonville Clinical Laboratory
201 E. Market St., P.O. Box 871
Jeffersonville 47130

Physician's Precision Automated Laboratories, Inc.
3408 Industrial Parkway
Jeffersonville 47130

DELAWARE COUNTY

Pathologists Associated
407 W. Main St.
Muncie 47305

ELKHART COUNTY

Valley Tech Laboratories, Inc.
1400 West Indiana Avenue
Elkhart 46514

GREENE COUNTY

Haag Medical Laboratory
120 E. Vincennes St.
Linton 47441

HAMILTON COUNTY

Foster-Muller-Sullivan-Card Medical Laboratory
79 First Ave., S.W.
Carmel 46032

JOHNSON COUNTY

Greenwood Clinical Laboratory, Inc.
360 S. Madison Ave.
Greenwood 46142

KNOX COUNTY

Vincennes Doctors' Laboratory
704 Vigo St.
Vincennes 47591

LAKE COUNTY

Crown Point Clinical Laboratory
113 N. Court St.
Crown Point 46307

Lake Ridge Medical Laboratory, Inc.
1573 N. Cline Ave.
Griffith 46319

Gary Clinical Laboratory
504 Broadway
Gary 46402

Gary Medical Center Clinical Laboratories
3290 Grant St.
Gary 46408

Diagnostic Laboratory
3275 Broadway
Gary 46409

LAPORTE COUNTY

Northern Indiana Medical Laboratory Services, Inc.
1701 Buffalo St., P.O. Box 341
Michigan City 46360

MADISON COUNTY

Anderson Medical Laboratories, Inc.
333 Jackson St.
Anderson 46012

MARION COUNTY

Indianapolis Medical Laboratory, Inc.
8501 Zionsville Rd.
Indianapolis 46268

Irvington Medical Laboratory
6051 E. Washington St.
Indianapolis 46219

Madison Village Laboratory
7210 Madison Ave.
Indianapolis 46227

Meridian Laboratory
3120 N. Meridian St.
Indianapolis 46208

Mershon Medical Laboratories
3855 E. 10th St.
Indianapolis 46201

Mershon Medical Laboratories
3600 W. 16th St.
Indianapolis 46222

Mershon Medical Laboratories
4230 S. Madison Ave.
Indianapolis 46227

The Medical Laboratory of Drs. Thornton, Haymond, Costin, Buehl
301 E. 38th St.
Indianapolis 46205

Pathlabs, Inc.
5420 N. College Ave.
Indianapolis 46220

ST. JOSEPH COUNTY

Medical Arts Laboratory
303 S. Main St.
Mishawaka 46544

South Bend Medical Foundation, Inc.
531 N. Main St.
South Bend 46601

TIPPECANOE COUNTY

Physicians Clinical Laboratory, Inc.
2500 Ferry St.
Lafayette 47904

VANDERBURGH COUNTY

Francis W. Porro, M.D., Clinical Laboratory
3700 Bellemeade Ave., Suite 119
Evansville 47715

Mid-America Pathology Service, Inc.
3700 Bellemeade Ave.
P.O. Box 138
Evansville 47701

Pathology Laboratory Service
611 Harriet St.
Evansville 47710

VIGO COUNTY

Valley Medical Laboratory
465 S. 25th St.
Terre Haute 47803

Ambulatory Outpatient Surgical Centers

ALLEN COUNTY

Fairfield Surgical Center—2828 Fairfield Avenue, Fort Wayne 46807

Administrator: Wayne S. Miller, M.D.

Fort Wayne Surgical Center, Inc., 1333 Maycrest Drive, Fort Wayne 46805

Administrator: Mrs. Lora Thomas, R.N.

MARION COUNTY

Indianapolis Women's Center, 5656 East 16th St., Indianapolis 46218

Director: Mrs. Natalia B. Vonnegut

Meridian Women's Clinic, Inc., 3351 N. Meridian St., #201, Indianapolis 46222

Administrator: Mrs. Marlane S. Shula

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For further information, write or call the Medical Secretary, The University Center, Box 621, Ann Arbor, Michigan 48107, Telephone: 313-663-5522. Brochure is available upon request.

ARNOLD H. KAMBLY, M.D.
Psychiatrist-Director

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Travelers vaccinated in the United States require only one dose of cholera vaccine (dose number one in table at right) and should receive the second dose only if they will be traveling or working in areas where cholera is epidemic or endemic and sanitation is less than adequate.	Dose Number / Age (years) Under 5 / 5-10 / Over 10: 1 — 0.1 ml / 0.3 ml / 0.5 ml; 2 — 0.3 ml / 0.5 ml / 1.0 ml	Active	6 months	Should be given every six months as long as likelihood of exposure exists. Same volume as dose number two of primary series.
Diphtheria	Diphtheria Antitoxin	All early cases	Intravenous preferred. Warning: Test for sensitivity to horse serum. Dosage dependent on degree of toxicity rather than age and weight. 20,000 units to 120,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria toxoid (alum precipitated or aluminum phosphate adsorbed, for adult use, 2 Lf of antigen).	Children and adults. Use only when there are definite contraindications to other components of combined antigen (DPT or Td).	Two intramuscular injections of 0.5 cc. each, four to six weeks apart and third dose one year later.	Active	Indefinite	0.5 cc. every 10 years.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children two months through six years.	Three intramuscular injections of 0.5 cc each, one month apart followed by reinforcing dose one year after third dose. Series should begin at 6 weeks to 3 months of age.	Active	Indefinite	D-P-T booster of 0.5 cc. at 3-6 years. (Preferably at time of school entrance—kindergarten or elementary school.)
Diphtheria	Tetanus and Diphtheria Toxoids, adult type (Td-containing 2 Lf of diphtheria toxoid).	Children and adults (Diphtheria-Pertussis-Tetanus combination is preferred for children under 6 years of age, except when pertussis component contraindicated.)	Primary immunization: (1) First dose of 0.5 cc. IM or subcu (2) Second dose of 0.5 cc. IM or subcu 4-6 weeks later. (3) Reinforcing dose one year after (2)	Active	Indefinite	Diphtheria Tetanus (Td) booster every 10 years.
Hepatitis, Infectious (Type A)	Immune Serum Globulin (Gamma Globulin)	All exposed in household, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure

Influenza	**Polyvalent Vaccine** **(Subject to annual changes in recommendations late summer or fall)**	**Persons with chronic debilitating disease of heart and lungs and those with chronic metabolic disorders, especially diabetes mellitus. Consider for all older age persons, especially those with incipient or potentially chronic heart or lung disease.**	**One dose subcutaneously**	**Active**	**Short: 4-6 months**	**One dose annually**
Measles	**(1) Live, Attenuated Vaccine (with or without Measles Immune Globulin) (2) Live, "Further Attenuated" Vaccine**	**12 months and older**	**Single dose subcutaneously**	**Active**	**Greater than seven years. May be lifelong.**	**Not known at present**
Mumps	**Mumps Virus Vaccine, Live, Attenuated**	**Children 12 months or older Adults who have not had mumps**	**One dose subcutaneously**	**Active**	**Eight years known—probably much longer**	**Not known at present**
Meningococcic Meningitis	**Minocycline**	**Intimate contacts of a case**	**Adults: 100-200 mg. orally every 12 hours for five days (caution: vestibular reactions reported)**	**None Chemical prophylaxis only**	**Very brief—for one exposure only.**	**Repeat following each exposure.**
	Rifampin	**Same**	**Adults: 600 mg. orally twice daily for two days. Children: 10 mg/kg twice a day for two days for children age 1 to 12 years; 5 mg/kg twice daily for two days for infants age 3 month to 1 year.**			
	Sulfadiazine	**Same: use only for proven sulfa-sensitive meningococcus**	**Twelve years of age or older: 1.0 gm twice daily for 2 days. Under 12 years of age: 0.5 gm twice daily for 2 days.**			
Pertussis	**Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")**	**Children during epidemic**	**A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.**	**Active**	**Indefinite**	**1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.**
Pertussis	**Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")**	**Routine immunization of infants when DPT is contraindicated**	**A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.**	**Active**	**Indefinite**	**18 months—3-4 years. 6-7 years usually given as DPT.**
		Exposure Recall		**Active**	**Indefinite**	**4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.**

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Epidemics and areas with high endemic rate.	Dose No. / Age (years): Under 1 year / 1-4 / 5-10 / Over 10 1: 0.1 ml / 0.2 ml / 0.3 ml / 0.5 ml 2: 0.1 ml / 0.2 ml / 0.3 ml / 0.5 ml 3: 0.04 ml / 0.08 ml / 0.12 ml / 0.2 ml	Active	Partial protection for period of 4-6 mos.	Every 6-12 months as long as risk of exposure persists. Same volume as third dose of primary series.
Poliomyelitis*	Poliomyelitis (Salk) Vaccine	All Ages	Four parenteral doses; three at 1 month intervals; fourth 6-12 mo. after #3	Active	Not known (Salk has demonstrated adequate antibodies present after 8 years)	1 cc every 2-3 years Need for boosters obviated by full course of Oral Polio Vaccine
	Poliomyelitis trivalent oral (Sabin)	Infants Children Adults	First dose 6-12 weeks, 2nd dose 8 weeks later 3rd dose 8-12 months after 2nd. Children, two doses 6-8 weeks apart; third dose 8-12 months after second. Not necessary in U.S. but if at risk may be immunized as are children.	Active	Thought to be permanent	1 dose trivalent on entering school.
Rabies	Rabies—hyperimmune serum (Equine) 1000 units per 40 pounds of body weight or Rabies Immune Globulin (Human) 20 units per kg body weight (for patients sensitive to horse serum)	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	If full course is completed, give booster 10th and 20th day after last dose.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
Rubella	Live virus vaccine	All children ages 1-12 yrs.	1 dose subcutaneously	Active	At least 5 yrs—Long term protection likely	Not known at present
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually

Smallpox	Smallpox Vaccine (Vaccinia virus)	Travelers to and from countries where smallpox is still endemic and for all health services personnel who come into contact with patients. Other children and adults at discretion of attending physician.	Multiple pressure, jet injection, or other techniques shown to be equally effective in assuring takes.	Active	3-10 years	Foreign travel — every 3 years. Health services personnel — every 3 years. All other — every 10 years at discretion of attending physician.
Tetanus	Tetanus Immune Globulin (Human) (TIG)	Unimmunized persons, especially those with crushing injuries, burns, or penetrating wounds; also, for persons seen more than 24 hours after tetanus-prone injury who have had no tetanus toxoid for many years.	Adults: 250 units IM for wounds of average severity, up to 500 units for very severe wounds; children: 4 units per kilogram body weight.	Passive	21 days	Must repeat with each injury. Immunization with tetanus toxoid obviates need for further TIG.
	Tetanus Antitoxin Use only if Tetanus Immune Globulin (Human) is unavailable.	All cases of puncture wounds and animal bites when person has not been immunized for more than 5 years since last booster.	Caution: Skin test first for serum sensitivity. Intramuscular injection of 3000-10,000 units anti-toxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	Hypersensitivity to other components of DTP and Td.	Two doses, each 0.5 cc. given intramuscularly, not less than four weeks apart followed by a reinforcing injection 8-12 months later.	Active	Extremely long lasting	Every 10 years
Typhoid Fever	Typhoid Vaccine	Exposure to a carrier in a household; outbreaks of typhoid fever in a community; travel to areas where typhoid fever is endemic.	Adults and children over 10 years old: 0.5 ml subcutaneously on two occasions, separated by 4 or more weeks. Children less than 10 years old: 0.25 ml subcutaneously on two occasions, separated by 4 or more weeks. If more rapid immunization is required, 3 doses of the same volume listed above may be given at weekly intervals but this schedule may be less effective.	Active	Indefinite— at least 3 yrs.	Every one to three years under conditions of continued or repeated exposure. Adults and children over 10 years old: 0.5 ml subcutaneously or 0.1 ml intradermally. Children 6 mo. to 10 yrs: 0.25 ml subcutaneously or 0.1 ml intradermally

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Typhus Fever	Typhus Fever Vaccine	Not required for travelers to any part of the world. Suggested for persons living or working in close contact with certain indigenous populations in remote areas of South America, Africa and Asia.	Adults Two doses, each 0.5 cc. at intervals of 4 or more weeks given subcutaneously. Allergy to egg or chicken protein only contraindication. Children under 10 years; one half of adult dose.	Active	Relative 6-12 months as long as opportunity for exposure exists.	Adults Routine every 6-12 months or whenever threat of outbreak occurs. Same dose as in initial series.
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease.	Active	10 years	Every 10 years repeat immunization.

* While many contraindications are listed for various biologicals, it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of YELLOW FEVER VACCINE. Because of hazards if yellow fever vaccine is improperly handled, it can only be obtained from U.S.P.H.S. depots. In Indiana these depots are:

Fort Wayne
Board of Public Health
337 East Wayne St. 46802
Phone 219-742-9302
Wednesday 11:00 a.m. - 12:00 noon
Fee: Yes

Indianapolis
Indiana University
1100 West Michigan St. 46202
Phone 317-639-8123
Friday, a.m.
Fee: Yes

Elkhart
County Health Unit
313 N. Second St. 46514
Phone 219-294-2225
First & 3rd Wednesday 2 p.m.
Fee: Yes

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

Simultaneous Administration of Live Virus Vaccines

Recommendations for simultaneous use of live virus vaccines have undergone significant review and revision during the past year. The current guidelines of the United States Public Health Service Advisory Committee on Immunization Practices and the Immunization Branch of the Center for Disease Control are summarized as follows:

1. It has been generally recommended that live virus vaccines be given at least one month apart whenever possible —the rationale for this being that more frequent and severe adverse reactions as well as diminished antibody responses otherwise might result. Field observations indicate, however, that with simultaneous administration of certain live virus vaccines, results of this type have been minimal or absent.

2. If the theoretically desirable one month interval referred

to above is not feasible, as with the threat of concurrent exposures or disruption of immunization programs, the vaccines should preferably be given on the same day—at different sites for parenteral products. An interval of about two days to two weeks should be avoided because interference between the vaccine viruses is most likely then.

3. The licensed combinations of live virus vaccines (measles-mumps-rubella, measles-rubella, and rubella-mumps) incorporate specific vaccine virus strains of demonstrated effectiveness and safety when administered simultaneously. These contain a more attenuated line of measles virus derived from Enders' attenuated Edmonston strain, the HPV-77 DE-5 strain of rubella virus, and the Jeryl Lynn strain of mumps virus.

4. Recent clinical trials indicate that the Schwarz strain of measles vaccine and the Cendehill strain of rubella vaccine can be safely and effectively administered at the same time at separate sites.

5. Newly acquired serologic evidence shows that when the licensed combination measles-mumps-rubella vaccine is given simultaneously with trivalent oral polio vaccine, antibody responses can be expected to be comparable to those which follow administration of the vaccines at different times.

6. Any components of the licensed measles-mumps-rubella combination may be given with trivalent oral polio vaccine. That is, either single measles or rubella vaccine, or combined measles-rubella may be given simultaneously with trivalent oral polio vaccine. These vaccines may be administered together when desirable for preventive medicine programs.

7. In summary:
 a. The component strains of the licensed combined measles-mumps-rubella vaccines may be simultaneously administered in any combination. In addition, these strains, either singly or in combination, may be given at the same time as trivalent oral polio vaccine.
 b. The Schwarz strain of measles vaccine and the Cendehill rubella strain may be given at the same time. The simultaneous addition of trivalent oral polio vaccine is not yet approved for these strains, however.
 c. Other live virus vaccines may be given simultaneously under special circumstances as indicated in paragraph 2 above.

Communicable Disease Control Division
Indiana State Board of Health
April 1975

HANGER'S NETWORK OF PROSTHETIC CARE= ADDED SECURITY

Understandably, the assurance that proper prosthetic care will be available when and where it is needed is of great concern to wearers of prostheses.

HANGER, makers of quality prostheses, provides a country-wide network of convenient offices where complete adjustment, repair and consultation services are available. Each HANGER office is staffed with one or more certified Prosthetists and contains a full line of HANGER Standard Parts and supplies to insure the same high quality prosthetic service as was obtained at the original HANGER location.

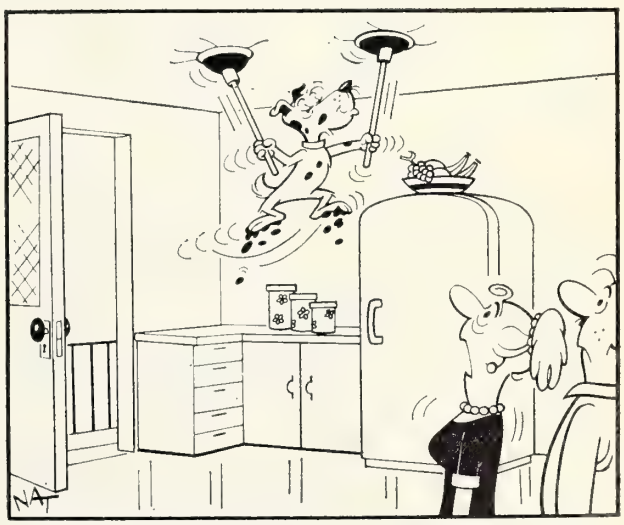
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Hanger PROSTHESES

1332 N. Illnois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

Bylaws amendments approved by the AMA House of Delegates will provide for partial separation of House and scientific meetings, effective in 1977. Clinical Conventions will be held in Honolulu in 1975 and in Philadelphia in 1976. After that the House will hold an interim meeting each fall, possibly in Chicago, and the Council on Scientific Assembly will sponsor several regional postgraduate courses at various cities throughout the year. The Scientific Assembly still will meet in conjunction with the House at each Annual Convention.



"SOMETIMES I THINK I'D JUST RATHER PUT UP WITH HIS MUDDY TRACKS ON THE FLOOR!"

Ivy Tech Health Occupation Courses

The Indiana Vocational Technical College, 5221 Ivy Tech Drive, Indianapolis 46206, telephone 317-297-3210, offers the following health occupation courses at the locations listed:

GARY

1440 East 35th Ave.
Gary 46409

Offers courses to prepare:
- Child Care Technology
- Emergency Care Technician
- Medical Assistant
- Medical Records Technology
- Operating Room Technician
- Practical Nursing
- Respiratory Therapy Technician

SOUTH BEND

1534 West Sample St.
South Bend 46619

Offers courses to prepare
- Medical Assistant
- Operating Room Technician
- Practical Nursing

LAFAYETTE

616 Wabash Ave.,
Lafayette 47905

Offers courses to prepare:
- Clinical Laboratory Technology
- Dental Assistant
- Emergency Care Technician
- Medical Assistant
- Operating Room Technician
- Practical Nursing
- Respiratory Therapy Technician

KOKOMO

3717 South Reed Rd.,
Kokomo 46901

Offers courses to prepare:
- Medical Assistant

MUNCIE

1300 South Liberty St.,
Muncie 47302

Offers courses to prepare:
- Medical Assistant

TERRE HAUTE

R. R. 22, Box 450
Terre Haute 47802

Offers courses to prepare:
- Medical Assistant
- Practical Nursing
- Clinical Laboratory Technology

INDIANAPOLIS

1315 East Washington St.
Indianapolis 46202

Offers courses to prepare:
- Clinical Laboratory Technology
- Emergency Care Technician
- Medical Assistant
- Obstetrical Technician
- Operating Room Technician
- Radiologic Technology
- Respiratory Therapy

RICHMOND

710 Northwest 5th St.
Richmond 47374

Offers courses to prepare:
- Clinical Laboratory Technology
- Practical Nursing
- Respiratory Therapy Technician

COLUMBUS

646 Franklin St.
Columbus 47201

Offers courses to prepare:
- Practical Nursing

BLOOMINGTON

619 West First St.
Bloomington 47401

Offers courses to prepare:
- Practical Nursing

JEFFERSONVILLE

610 Spring Street
Jeffersonville 47130

Offers courses to prepare:
- Medical Assistant

MADISON

1st and Broadway
Madison 47250

Offers courses to prepare:
- Medical Assistant

About Our Cover

This month's cover photo brings us a view of the flume and a corner of the huge operational overshot waterwheel mill at Spring Mill State Park, near Mitchell, and is the second in a series of photos of Southern Indiana places our readers might like to visit while en route to or from the Annual Meeting of the Indiana State Medical Association at French Lick Oct. 20-22, 1975.

Spring Mill State Park contains a reconstructed pioneer village. Col. Richard Lieber, former state conservation head who was responsible for bringing back to life this dead village, said: "You come down from the top of the hill 200 feet and you go back 100 years."

The park is further enhanced by the many caves noted for their stalagmite formations and rare blind fish found in the underground streams, by the 100 acres of virgin wood, and by the 10-acre artificial lake.

Photo courtesy of the Indiana Department of Commerce, State House, Indianapolis.

List of Indiana Accredited Programs In Nursing Preparing for Licensure As Registered Nurses

INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION

100 North Senate Avenue, Room 1018, Indianapolis 46204

April, 1975

HOSPITAL PROGRAMS

Name of School of Nursing	Location	Director	Zip Code
Deaconess Hospital	Evansville	Miss Ellen Lynch, R.N.	47747
Lutheran Hospital	Fort Wayne	Miss Virginia Williamson, R.N.	46807
Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	46805
St. Joseph Hospital	Fort Wayne	Miss Josephine Schweier, R.N.	46804
Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.	46202
St. Elizabeth Hospital	Lafayette	Sister M. Florianne, R.N.	47904
X Holy Cross	South Bend	Miss Grace T. Newrock, R.N.	46622
Memorial Hospital	South Bend	Miss Irene M. Kardasen, R.N.	46601

X — Not admitting students

BACCALAUREATE DEGREE PROGRAMS

Name of School of Nursing	Location	Director, Dean or Head of Department	Zip Code
Univ. of Evansville	Evansville	Mrs. Helen C. Smith, R.N., Dean	47702
Goshen College Div. of Nursing	Goshen	Miss Verna M. Zimmerman, R.N., Interim Director	46526
DePauw University 1812 N. Capitol	Indianapolis	Ms. Doris Froebe, R.N., Director	46202
Indiana University (IUPUI) 1100 W. Michigan St.	Indianapolis	Mrs. Elizabeth Grossman, R.N., Dean	46202
Marion College Dept. of Nursing	Marion	Miss Wilma Jean Jackson, R.N.	46952
Ball State University Dept. of Nursing	Muncie	Miss Helen J. Berry, R.N., Head	47306
* Saint Mary's College Dept. of Nursing	Notre Dame	Mary Elizabeth Martucci, R.N., Chairman	46556
Indiana State University	Terre Haute	Mrs. Harriet O. Reeves, R.N., Dean	47809
Valparaiso University College of Nursing	Valparaiso	Mrs. Dorothy Paulsen Smith, R.N., Dean	46383

ASSOCIATE DEGREE PROGRAMS

Name of School or Department	Location	Director or Head of Department	Zip Code
* Anderson College Dept. of Nursing	Anderson	Richard O. Hakes, R.N.	46011
University of Evansville ADN Program		Mrs. Elisabeth Ann Furr, R.N.	47702
Indiana University ADN Programs:			
I.U. Northwest, 3400 Broadway	Gary	Mrs. Doris R. Blaney,	46408
I.U.P.U.I., 1100 W. Michigan St.	Indianapolis	Miss Margaret Applegate, R.N.	46202
I.U. Southeast, Div. of Nursing 4201 Grant Line Road P.O. Box 679	New Albany	Ms. Louise F. Suleiman, R.N.	47150
I.U. Kokomo, 2300 S. Washington	Kokomo	Mrs. Florence Gardner, R.N.	46901
Indiana Central College Dept. of N.	Indianapolis	Mrs. LeAlice Briggs, R.N.	46227
Purdue University Nursing Sections:			
Ft. Wayne Campus, 2101 Coliseum Blvd.	Ft. Wayne	Mrs. Elaine Cowen, R.N., Acting Chairman	46805
Calumet Campus, 2233-171st Street	Hammond	Mrs. Joyce A. Ellis, R.N., Chairman	46323
Lafayette Campus, S. Campus Courts	West Lafayette	Miss Helen Zink, R.N., Chairman	47907
North Central Campus	Westville	Miss Bernice Schaapveld, R.N., Chairman	46391
Vincennes University	Vincennes	Miss Martha Lee Godare, R.N.	47591

* — New program

Indiana Accredited Programs in Practical Nursing

April, 1975

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Community Schools 325 W. 38th St., Anderson	46014	Mrs. Virginia Blakeley, R.N., Director
Indiana Vocational Technical College Schools of Practical Nursing Region 10, 619 W. 1st St., Bloomington	47401	Mrs. Dorothy Wray, R.N.
Region 10, 2518 E. 17th St., Columbus	47201	Mrs. Margaret Watson, R.N.
Region 4, 2316 South St., Lafayette	47904	Mrs. Elizabeth J. Laws, R.N.
Region 1, 1511 Wabash St., Mich. City	46360	Miss Virginia Melevage, R.N.
Region 9, Reid Memorial Hosp. 1401 Chester Blvd., Richmond	47374	Mrs. Joan Esarey, R.N.
Region 2, 1534 W. Sample St., S. Bend	46619	Miss Dorothy Bupp, R.N., Dept. Chairman
Region 7, R. R. #22, Box 450, T. Haute	47802	Miss Betty Beauchamp, R.N., Chairman Life Sciences
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1900 Stringtown Road, Evansville	47711	Miss Joyce Stevens, R.N., Coordinator
School of Practical Nursing Fort Wayne Community Schools, 1200 South Barr, Fort Wayne	46802	George F. Walls, R.N., Coordinator Health Occupations
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus, Hammond 2233-171st Street	46323	Mrs. Leona Peterson, R.N., Coordinator
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Ave., Indianapolis	46201	Mrs. Marguerite F. Clark, R.N., Director
*Metropolitan School District of Washington Twp. J. Everett Light Career Center 1901 E. 86th St., Indianapolis	46240	Mrs. Madlon Drayer, R.N., Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N., Director-Coordinator
Marion Community School of Practical Nursing Tucker Area Career Center 750 W. 26th St., Marion	46952	Mrs. Esther Fritts, R.N., Instructor-Supervisor
Muncie School of Practical Nursing Ball Memorial Hospital 2300 West Gilbert Street, Muncie	47303	Mrs. Norma Lewis, R.N., Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N., Director-Instructor
Vincennes University Practical Nurse Program, Vincennes	47591	Ms. Karen Gines, R.N., Director

* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 100 North Senate Avenue, Room 1018, Indianapolis, Indiana 46204

Licensed Nursing Homes In Indiana

March 1975

This is a directory of health facilities licensed by the State of Indiana, State Board of Health.

Information concerning services offered, charges and admission policies of the facilities should be obtained through direct contact with the facility. Information concerning licensing of health facilities and copies of the directory (which includes data as to capacity and telephone number) are available from the Indiana State Board of Health, Division of Health Facilities, 1330 W. Michigan St., Indianapolis 46206.

Identification Code

(R) — Residential Care Facility
(C) — Comprehensive Nursing Care Facility
(R&C) — Residential Care and Comprehensive Nursing Care Facility
(R&BHA) — Residential Care and Boarding Home for the Aged Facility
(BHA) — Boarding Home for the Aged Facility
(BHA&C) — Boarding Home for the Aged and Comprehensive Nursing Care Facility
Adm. — Person in direct charge of facility

ADAMS COUNTY

Adams County Home (R)
Route 6, Decatur 46733
Leo and Betty Feasel, Adms.

Berne Nursing Home (R&C)
906 W. Main St., Berne 46711
Pauline Hostetler, L.P.N., Adm.

Decatur Community Care Center (C)
1145 Mercer Ave., Decatur 46733
Jane C. Aspy, Adm.

Swiss Village, Inc. (R&C)
P.O. Box 363, Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

Byron Health Center (BHA&C)
12101 Lima Rd., R. R. 13,
Fort Wayne 46808
Thomas A. Katsanis, Adm.

Colonial Crest Convalescent Center (C)
2940 N. Clinton St., Fort Wayne 46805
Mark Hasten, Adm.

Crow's Haven Nursing Home (C)
2440 Bowser Ave., Fort Wayne 46803
Lyle B. Crow and Jeanne E. Crow, Adms.

Fort Wayne Nursing Home (C)
2402 N. Beacon, Fort Wayne 46805
Margaret Walls, R.N., Adm.

Glenacres Nursing Home, Inc. (C)
3420 E. State St., Fort Wayne 46805
Casto Ball, Adm.

Golden Years Homestead (R&C)
8300 Maysville Road, Fort Wayne 46805
Thomas G. Garman, Adm.

Indian Village Health Center (C)
2237 Engle Road, Fort Wayne 46809
Elizabeth Szegedy, Ph.D., Adm.

Lawton Nursing Home, Inc. (C)
1649 Spy Run Ave., Fort Wayne 46805
Herman H. Aspacher, Adm.

Lutheran Homes, Inc. (R&C)
6701 S. Anthony Blvd., Ft. Wayne 46806
Fred Nieno, Adm.

Parnell Park Nursing Home (C)
3811 Parnell Ave., Ft. Wayne 46805
Diane D. Kelly, Adm.

Saint Anne Home (C)
1900 Randalia Dr., Ft. Wayne 46805
Joseph E. Weingartner, Adm.

Towne House Health Center (R&C)
5544 E. State Blvd., Fort Wayne 46805
Roger Neil Litzenberger, Adm.

Turtle Creek Convalescent Centre of Fort Wayne-North (C)
2001 Hobson Rd., Fort Wayne 46805
Gary Neterer, Adm.

Turtle Creek Convalescent Centre of Fort Wayne South (C)
2626 Fairfield Ave., Fort Wayne 46807
John August, Adm.

University Park Nursing Center (C)
1400 Medical Park Dr.,
Fort Wayne 46805
Robert Shambaugh, Adm.

BARTHOLOMEW COUNTY

Bartholomew County Home (R)
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

Columbus Convalescent Center (C)
2100 Midway St., Columbus 47201
Elizabeth Kerns, Adm.

Columbus Nursing Home (C)
5400 E. 25th Street, Columbus 47201
Janet L. Johnson, Adm.

The Four Seasons Home (R&C)
1901 Taylor Road, Columbus 47201
Dick Kendrick, Adm.

Ken-Joy Convalescent Home (C)
Maple Street, Hope 47246
Betty Miller, Adm.

Lake View Care Center, Inc. (R&C)
R. R. 1, Hope 47246
Harold and Mary Chandler, Adms.

BENTON COUNTY

Earl Park Nursing Home (C)
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Edge-Wood View (C)
Oxford 47971
Allen C. Campbell, Adm.

Green-Hill Manor, Inc. (C)
501 N. Lincoln Ave., Fowler 47944
Edith Dexter, R.N. and Connie Brouillette, R.N., Adms.

BLACKFORD COUNTY

Country Manor Nursing Home (C)
R. R. 2, Box 53A, Hartford City 47348
Janellyn Antrim, R.N., Adm.

Hartford City Community Care Center (C)
715 N. Mill St., Hartford City 47348
Steven P. Haggerty, Adm.

BOONE COUNTY

English Nursing Home, Inc. (C)
1015 N. Lebanon St., Lebanon 46052
Frank H. English, Adm.

Lebanon Nursing Home (C)
301 W. Essex, Lebanon 46052
Carolyn Peek, Adm.

Oak Park Manor (C)
R. R. #2, Lebanon 46052
Margaret E. Hine, Adm.

CARROLL COUNTY

Brethren's Home of Indiana, Inc. (C)
R. R. 2, Flora 46929
Gene A. Geaslen, Adm.

Delphi Nursing Home (C)
1455 S. Washington St., Delphi 46923
Marguerite Boerger, R.N., Adm.

CASS COUNTY

Camelot Care Center (C)
1555 Commerce St., Logansport 46947
William K. Sheridan, Adm.

Cass County Home (R)
Perrysburg Rd., Logansport 46947
Mabel Frey, Adm.

Chase Manor Nursing and Convalescent Center (C)
1 Chase Park, Logansport 46947
Charles Harmon, Adm.

The Neal Home (BHA)
2518 George St., Logansport 46947
Mary A. Curless, Adm.

CLARK COUNTY

Hillcrest Nursing Home, Inc. (C)
203 Sparks Ave., Jeffersonville 47130
Lee Roy E. Martin, Adm.

Jeffersonville Nursing Home (C)
1720 E. Eighth St., Jeffersonville 47130
Patricia Ragland, Adm.

Kentuckiana Christian Home, Inc. (R&C)
Route 2, Box 39, Charlestown 47111
Rev. Julian O. Hunt, Adm.

The Ladies Home, Inc. (R)
330 W. Market St., Jeffersonville 47130
Helen Haynes, Adm.

Maple Manor Christian Home, Inc.—Adult Division (R&C)
643 W. Utica, Sellersburg 47172
Joe Blansett, Adm.

NHE/Clarksville (C)
517 N. Hallmark Dr., Clarksville 47130
Walter J. Queen, Adm.

CLAY COUNTY

Clay County Health Center, Inc. (C)
1408 E. Hendrix Street, Brazil 47834
Wilma Ellison, Adm.

Harty Nursing Home (C)
P. O. Box 112, Knightsville 47857
William E. Harty, Adm.

Macanell Nursing Home (C)
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

Stinson Nursing Home, Inc. (C)
601 S. Leavitt St., Brazil 47834
Madge Scobell, Adm.

CLINTON COUNTY

Clinton Convalescent Center, Inc. (C)
551 E. Walnut St., Frankfort 46041
Laura L. Peterson, Adm.

Clinton County Home (R)
R. R. 2, Frankfort 46041
Margaret Brock, Adm.

Frankfort Nursing Home (C)
1234 Rossville Ave., Frankfort 46041
James Thurston, Adm.

Milner Community Health-Care, Inc. (C)
Box 15, Rossville 46065
Ronald C. Green, Adm.

Mulberry Lutheran Home, Inc. (R&C)
State Route 38, W. Jackson St., Mulberry 46058
Rev. Paul Mumford, Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc. (R&C)
1555 N. Main St., Frankfort 46041
Rev. Carlyle L. Mason, Adm.

DAVIESS COUNTY

Bertha D. Garten Ketcham Memorial Center, Inc. (C)
601 E. Race Street, Odon 47562
Homer E. Robertson, Adm.

Eastgate Manor Nursing and Residential Center, Inc. (R&C)
P. O. Box 470, Highway 50 East, Washington 47501
Larry N. Morris, Adm.

Washington Nursing Center/Meyers Annex (C)
215 W. Oak St., Washington 47501
Donald G. Waggoner, Adm.

Prairie Village, Inc. (C)
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Shady Heights Nursing Home, Inc. (C)
1109 National Highway, Washington 47501
Jack Dowden, Adm.

Washington Nursing Center, Inc. (C)
603 E. National Highway, Washington 47501
Charles R. Gabhart and Donald G. Waggoner, Adms.

DEARBORN COUNTY

Dillsboro Manor (R&C)
Box 66, Dillsboro 47018
Dellas and Dorthea Ross, Adms.

Shady Nook Convalescent Home (C)
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur McMullen, Adm.

Terrace View ECF (C)
403 Bielby Rd., Lawrenceburg 47025
Joseph Henderson, Adm.

DECATUR COUNTY

Greensburg Hospitality Nursing Center, Inc. (C)
410 Park Road, Greensburg 47240
Willard Rowland, L.P.N., Adm.

Greensburg Nursing Home (C)
1420 Lincoln St., Greensburg 47240
Anna B. Slusher, Adm.

Odd Fellows Home (R&C)
R. R. 8, Greensburg 47240
Thomas A. Baldus, Adm.

Tree City Nursing Home (C)
R. R. 4, Greensburg 47240
Barbara Mouser, Adm.

DEKALB COUNTY

Betz Nursing Home (C)
R. R. 3, Auburn 46706
Doris M. Betz, L.P.N., Adm.

Butler Hotel Rest Home, Inc. (C)
117 S. Broadway St., Butler 46721
Judith L. Lahrman, Adm.

Glen Oaks Nursing Home (C)
E. Seventh St., St. Rd. 8, Auburn 46706
Thomas Muzzillo, Adm.

Meadowhaven, Inc. (C)
300 West Liberty, Butler 46721
Robert Shambaugh, Adm.

Sheehy Nursing Homes, Inc. (C)
402 N. Broadway St., Butler 46721
Louis Crissman, L.P.N., Adm.

Sheehy's Retirement Home (R)
406 N. Broadway, Butler 46721
Louis Crissman, L.P.N., Adm.

Souder Health Care (C)
206 W. 7th St., Auburn 46706
Ruth Muzzillo, Adm.

DELAWARE COUNTY

Albany Nursing Care, Inc. (C)
State Rd 67 North, Albany 47320
Nicholas LeFevre, Adm.

Chateau Convalescent Centre (C)
2400 Chateau Drive, Muncie 47303
Joseph E. Allardt, Jr., Adm.

Delaware County Home (R&C)
R. R. 5, Box 157, Muncie 47302
Helen V. Stewart, Adm.

Dunkirk Nursing and Convalescent Home (C)
R. R. 2, St. Rd. 67, So., Dunkirk 47336
Raymond LeFevre, Adm.

Faulkner Rest Home (C)
533 Gavin St., Muncie 47302
Edgar Faulkner, Jr., Adm.

Golden Rule Nursing Home (C)
502 N. Madison Ave., Gaston 47342
Gloria B. Pearson, Adm.

Maple Grove Convalescent Home (C)
1347 East Jackson St., Muncie 47302
Nicholas LeFevre, Adm.

Morgan Nickols Residential Club (R&C)
175 Kilgore, Muncie 47305
Peggy K. Polk, Adm.

Parkview Nursing Home (C)
2200 White River Blvd., Muncie 47303
Eileen E. Page, R.N., Adm.

Riverview Convalescent Home (C)
R. R. 2, Box 89, Muncie 47302
Jessie Starks, L.P.N., Adm.

Sylvester Home for the Aged (C)
R. R. 2, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

Woodland Nursing Home (C)
3600 W. Jackson St., Muncie 47304
Hazel Wilson, R.N., Adm.

DUBOIS COUNTY

Jasper Nursing Center, Inc. (C)
2909 Howard Dr. 47546
John L. Wehrle, Adm.

Medco Center of Huntingburg (C)
530 Fourth St., Huntingburg 47542
Roger Ambrose, Adm.

Northwood Good Samaritan Center (C)
P. O. Box 459, Jasper 47546
Elmer W. Brayton, Adm.

Providence Home (R)
W. Ninth Street, Jasper 47546
Father Thaddeus Sztuczko, F.D.P., Adm.

ELKHART COUNTY

Americana Nursing Center of Elkhart (C)
343 S. Nappanee St., Elkhart 46514
Jean T. Robinson, Adm.

Andresen Nursing Home (C)
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

First Federal Nursing Home (C)
2600 Moorehouse, Elkhart 46514
Dorothy Prough, Adm.

Fountainview Place (R&C)
1001 W. Hively Ave., Elkhart 46514
Lloyd White, Adm.

Goshen Nursing Home (C)
1101 W. Lincoln Ave., Goshen 46526
Mildred Bennett, R.N., Adm.

Greencroft Nursing Center (C)
2000 South 15th St., Goshen 46526
John Liechty, Adm.

Lu-Ann Nursing Home (C)
952 W. Walnut St., Nappanee 46550
John L. Mellinger Adm.

Nicholson Convalescent Home (C)
2400 Elkhart Rd., Goshen 46526
John M. Kolb, Adm.

Peterson Nursing Home (C)
302 E. Lincoln Ave., Goshen 46526
Florence J. Mowry, R.N., Adm.

Simpson Nursing Home (C)
114 S. 6th St., Goshen 46526
George C. Nicholson, Adm.

Turtle Creek Convalescent Centre of Elkhart (C)
1400 W. Franklin St., Elkhart 46514
William Gerlib, Adm.

FAYETTE COUNTY

Connersville Care Center (C)
2500 Iowa St., Connersville 47331
Mary M. Rader, Adm.

Connersville Nursing Home (C)
2600 N. Grand Ave., Connersville 47331
Jeanne Eleanor Krupp, R.N., Adm.

Lincoln Manor Nursing Center (C)
1029 E. Fifth St., Connersville 47331
Chester O'Neal, Jr., Adm.

FLOYD COUNTY

Green Valley Convalescent Center (C)
3118 Green Valley Rd., New Albany 47150
Peter Graves, Adm.

New Albany Nursing Home (C)
1919 Bono Road, New Albany 47150
Wesley N. Johnson, Adm.

Providence Retirement Home (R&C)
703 E. Spring St., New Albany 47150
Sister Mary Loyola Bender, S.P. Adm.

Lincoln Hills of New Albany (C)
326 Country Club Dr., New Albany 47150
Paul A. Ferry, Adm.

FOUNTAIN COUNTY

Woodland Manor Nursing Center (C)
State Rd. 38 East, Attica 47918
Linda L. Short, Adm.

FRANKLIN COUNTY

Covington Manor, Inc. (C)
1600 Liberty St. East, Covington 47932
William C. Button, Jr., Adm.

Elsie Dreyer Nursing Home (C)
273 Main St., Brookville 47012
Earl LeGere, Adm.

FULTON COUNTY

Canterbury Manor (C)
R. R. 6, County Road 50 North, Rochester 46975
Carl William Miller II, Adm.

Rochester Nursing Home (C)
240 E. 18th St., Rochester 46975
Leona Watts, Adm.

GIBSON COUNTY

Forest Del Convalescent Home (C)
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Good Samaritan Home Inc. (C)
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

Holiday Manor, Inc. (C)
305 Carol Ave., Princeton 47570
Larry D. Carlson, Adm.

Oakland City Rest Home (C)
114 Grove St., Oakland City 47560
Lloyd Higgins, Adm.

Owensville Convalescent Center (C)
Highway 65, P. O. Box 368
Owensville 47565
Harold J. Baker and Ruth A. Braselton, Adms.

GRANT COUNTY

Bradner Village Residential Care Facility, Inc. (BHA, R&C)
505 Bradner Ave., Marion 46952
James J. Walts, Adm.

Emily E. Flinn Home, Inc. (R&C)
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc. (C)
P. O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home (C)
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home (C)
1800 Kem Rd., Marion 46952
Lottie Babb, Adm.

River-View Manor Convalescent and Rehabilitation Center, Inc. (C)
221 N. Washington, Marion 46952
Ronald L. Brown, Adm.

Wesleyan Nursing Home (C)
518 W. 36th St., Marion 46952
E. Barton Carter, Adm.

GREENE COUNTY

Bloomfield Nursing Center (C)
150 N. Seminary St., Bloomfield 47424
Norman Nierste, Adm.

Glenburn Rest Haven Home (C)
Glenburn Rd., R. R. 2, Linton 47441
William Thomas Fisher, Adm.

Linton Nursing Home (C)
1501 East A Street, Linton 47441
Allan Martinez, Adm.

Shakamak Good Samaritan Center (C)
800 E. Ohio, Box 163, Jasonville 47438
Rev. Howard N. Larsen, Adm.

HAMILTON COUNTY

Arcadia Children's Home (C)
303 Franklin Ave. Arcadia 46030
Leonard A. Hall, Adm.

Hamilton Heights Health Center (C)
706 W. Main St.
Arcadia 46030
Lester M. Roland, Adm.

Lakeview Guest Home (C)
2907 E. 136th St., Carmel 46032
Seth Wells, Adm.

Maple Park Health Manor (C)
R. R. 1, Westfield 46074
Robert Oldham, Adm.

Noblesville Nursing Home (C)
1391 Greenfield Pike, Noblesville 46060
Patricia Jarvis, R.N., Adm.

Rollins Home for Retarded Children (C)
69 N. Harrison St., Cicero 46034
Betty Clarkson, L.P.N., Adm.

Sheridan Rest Home, Inc. (C)
903 Sheridan Ave., Sheridan 46069
Robert Higgins Sr. and Hal G. Higgins, Adms.

Turtle Creek Convalescent Centre-Noblesville (C)
295 Westfield Rd., Noblesville 46060
William Senteney, Adm.

Walston Home for Retarded Children (C)
Route #1, Cicero 46034
Anna May Hines, R.N., Adm.

HANCOCK COUNTY

Colonial Crest Convalescent Center, Inc. (C)
745 N. Swope St., Greenfield 46140
Martin Hipschman, Adm.

Golden Rule Rest Home (C)
R. R. 12, Box 403, Indianapolis 46236
Bernard H. Beck, Adm.

Model A Nursing Home (C)
R. R. 5, Greenfield 46140
Lavon Beeson, Adm.

Park Riley Nursing Home (C)
1310 E. Main St., Greenfield 46140
Gwendolyn Suttle, R.N., Adm.

Twinbrook, Inc. (C)
R. R. 7, Box 70, Greenfield 46140
Kenneth R. Smith, Adm.

HARRISON COUNTY

Corydon Nursing Home (C)
Route 6, Box 147, Corydon 47112
David M. Ragland, Adm.

HENDRICKS COUNTY

Danville Nursing Home (C)
337 W. Lincoln St., Danville 46122
Susan Runyan, Adm.

Golden Manor Nursing Home of Brownsburg (C)
Hornaday Rd., Brownsburg 46112
James R. Gephart, Adm.

Golden Rule Nursing Home (C)
St. Rd. #3 South, 400 East
Danville 46122
Robert Petree, Adm.

Hendricks County Home (R)
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

NHE/Danville (C)
255 Meadow Drive, Danville 46122
Curtis R. Shieds, Adm.

Vinewood Nursing Home, Inc. (C)
404 North Vine St., Plainfield 46168
Sharon Osborne, Adm.

HENRY COUNTY

Henry County Home (R)
N. Memorial Dr., New Castle 47362
Walter Gaddis, Adm.

Heritage House, Inc., of New Castle, Indiana (C)
1023 N. 20th St., New Castle 47362
Robert W. Dorsett, Adm.

Holly Hill Nursing Home (C)
901 N. 16th St., New Castle 47362
Giles Krupp, Adm.

Lewisville Hotel for Senior Citizens (R)
Box 98, U. S. 40, Lewisville 47352
Sarah E. Vollmer, Adm.

Maple Village Nursing Home, Inc. (C)
Box 135, Middletown 47356
F. Richard King, Adm.

Middletown Nursing Center (C)
130 S. 10th St., Middletown 47356
Larry A. Jones, Adm.

New Castle Community Care Center (C)
115 N. 10th Street, New Castle 47362
Richard L. May, Adm.

New Hope Nursing Home (C)
Lewisville 47352
Robert Baird, Adm.

Rest Haven Nursing Home (R&C)
420 S. Main Street, New Castle 47362
Melvin Brunner, Adm.

Turtle Creek Convalescent Centre of New Castle (C)
990 North 16th St., New Castle 47362
Timothy J. DeBruicker, Adm.

HOWARD COUNTY

Americana Health Care Center of Kokomo (C)
3518 S. Lafountain St., Kokomo 46901
Leroy Policky, Adm.

Kokomo Nursing Home (C)
1560 S. Plate St., Kokomo 46901
Linda Johnson, Adm.

ycamore Village Health Center (C)
905 W. Sycamore, Kokomo 46901
ohn Huber, Adm.

urtle Creek Convalescent Center of Kokomo (C)
233 W. Jefferson, Kokomo 46901
ean Dovey, Adm.

Vindsor Estates of Kokomo (C)
29 Lincoln Rd. W., Kokomo 46901
Donna Seberger, Adm.

HUNTINGTON COUNTY

Huntington Nursing Home (C)
425 Grant St., Huntington 46750
Virginia Griggs, R.N., Adm.

Miller's Merry Manor, Inc. (C)
500 Grant St., Huntington 46750
Helen C. Whitcraft, Adm.

United Methodist Memorial Home (R&C)
Warren 46792
Philip Souder, Adm.

JACKSON COUNTY

Jackson Park Convalescent Center, Inc. (C)
707 Jackson Park Dr., Seymour 47274
Richard C. Schriever, Adm.

Lutheran Community Home, Inc. (C)
111 W. Church Ave., Seymour 47274
George Risch, Adm.

R & S Nursing Center, Inc. (C)
202 W. Sixth St., Seymour 47274
Roger A. Russell, Adm.

JASPER COUNTY

Rensselaer Care Center (C)
Highway 114 East, Rensselaer 47978
Larry Lee Vanderwielen, Adm.

JAY COUNTY

Country Manor Nursing Home, Inc. (C)
Route 2, Dunkirk 47336
Richard T. Antrim, Adm.

Portland Community Care Center (C)
200 N. Park St., Portland 47371
Dixie May, Adm.

Portland Nursing Home (C)
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

Clifty Falls Convalescent Center (C)
950 Cross Ave., Madison 47250
Ailene Breitenbach, Adm.

Hanover Nursing Center (C)
S. R. 56 W., Hanover 47243
Ann Breitenbach, R.N., Adm.

Madison Nursing Home (C)
1945 Cragmont St., Madison 47250
Albert Dawson, Adm.

Mayfield Nursing Home (C)
402-410 Elm St., Madison 47250
Susan Williamson, Adm.

JENNINGS COUNTY

North Vernon Nursing Home (C)
801 N. Elm Street, North Vernon 47265
Janice Dawson, L.P.N., Adm.

JOHNSON COUNTY

Faith Home (C)
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Franklin Nursing Home (C)
1130 N. Main St., Franklin 46131
Robert and Nancy Heath, Adms.

Franklin United Methodist Home (R&C)
1070 W. Jefferson, Franklin 46131
Norman E. Amtower, Adm.

Indiana Masonic Home (R)
Old State Road 31, Franklin 46131
Marvin Isley, Adm.

Homeview Convalescent Center (C)
651 S. State St., Franklin 46131
James Stewart, Adm.

Johnson County Home (R)
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

We Care Health Center-Greenwood, Inc. (C)
Route 2, Fry Road, Greenwood 46142
Violet VanSickle, Adm.

The Welcome Nursing Home (C)
1109 N. Main St., Franklin 46131
Stephen Snyder, Adm.

Westminster Village (R&C)
U.S. 31 South, Greenwood 46142
A. Leon Smith, Adm.

KNOX COUNTY

Beverly Manor Convalescent Center (C)
1321 Willow St., Vincennes 47591
Margie Morris, Adm.

Crestview Convalescent Home (C)
Box 136, Old Bruceville Rd., Vincennes 47591
Joy M. Thornberry, R.N., Adm.

Freelandville Community Home, Inc. (C)
Highway #58, Freelandville 47535
Mary Jane Buescher, Adm.

Moore's Nursing Home, Inc. (C)
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

Vincennes Nursing Home, Inc. (C)
1202 S. 16th St., Vincennes 47591
Joe Junod Jr., Adm.

KOSCIUSKO COUNTY

Alfran Nursing Home (C)
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

Miller's Merry Manor, Inc. (R&C)
P. O. Box 387, County Farm Rd., Warsaw 46580
R. James Miller, Adm.

Orn Nursing Home (C)
P.O. Box 308, North Main St., Milford 46542
Glennis Stump and Elizabeth Steinke, Adms.

Prairie View Rest Home, Inc. (C)
300 Prairie St., Warsaw 46580
N. Charlene Bradbury, Adm.

Warsaw Nursing Home (C)
2402 E. Center St., Warsaw 46580
Wilma T. Davenport, R.N., Adm.

LAGRANGE COUNTY

Lagrange Nursing Home (C)
Town Line Rd. & North Main St., LaGrange 46761
Rose Deak, Adm.

Miller's Merry Manor, Inc. (R&C)
State Road 9 North, LaGrange 46761
Phyllis Ann Miller, Adm.

LAKE COUNTY

Colonial House, Inc. (C)
119 N. Indiana Ave., Crown Point 46307
Laura M. Gumbiner, Adm.

East Chicago Rehabilitation and Convalescent Center, Inc. (C)
5025 McCook Ave., East Chicago 47312
Thomas J. Crump Jr., Adm.

East Side Family Services, Inc. (R)
1948 Massachusetts St., Gary 46407
James A. Young, Adm.

Fountain View Manor (C)
2901 W. 37th Ave., Hobart 46342
Carl Raskin, Adm.

Fuchs' Nursing Home, Inc. (C)
255 Burnham St., Lowell 46356
Barbara H. and Phyllis Fuchs, Adms.

Gary Convalescent Home, Inc. (C)
386 Mount St., Gary 46406
Joseph Fertel, Adm.

Great Oaks Manor Nursing Home (C)
13105 Wicker Ave., Cedar Lake 46303
Nancy J. Morris, R.N., Adm.

Green's Geriatric Health Center (C)
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Hammond Nursing Home (C)
1402 E. 173rd St., Hammond 46320
Mark Matiukas, Adm.

Hammond-Whiting Convalescent Center (C)
1000—114th St., Whiting 46394
Cheryl E. Clapman, Adm.

Highland Nursing Home (C)
9630 Fifth St., Highland 46322
Radmilla Bogdanich, Adm.

Lake County Convalescent Home (C)
2900 W. 93rd Ave., Crown Point 46307
Albert Ban, Adm.

Miller Nursing Home, Inc. (C)
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

Mills Rest Home (C)
5011 Maryland St., Gary 46409
David L. Mills, Adm.

Munster Med-Inn (C)
7935 Calumet Ave., Munster 46321
William Sprouse, Adm.

Ross Care Center (C)
601 W. 61st Ave., Merrillville 46410
Reginald E. Brown, Adm.

St. Ann's Home (R)
5927 Columbia Ave., Hammond 46320
Arthur W. March, Adm.

St. Anthony's Rest Home (R&C)
201 Franciscan Rd., Crown Point 46307
Lawrence T. Filosa, Adm.

Sebo Heritage Manor Nursing Home (C)
4410 W. 49th Ave., Hobart 46342
Wanda Sebo, Adm.

Simmons Loving Care Health Facility (C)
700 E. 21st Ave., Gary 46407
Anna L. Simmons and Herberta B. Miller Adms.

West End Nursing Home, Inc. (C)
1501 Wheeler St., Gary 46406
Henderson D. Hall, Adm.

West Side Nursing Home (C)
829 W. Third Ave., Gary 46402
Gerald Rothenberg, Adm.

Wildwood Manor, Inc. (C)
1964 Clark Rd., Gary 46404
Evelyn C. Walker, Adm.

LAPORTE COUNTY

Beach Cliff Lodge Nursing Home (C)
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

The Countryside Place (C)
1700 "I" St., LaPorte 46350
Sandra K. Pratt, Adm.

Fountain View Terrace (R&C)
1900 Andrew Ave., LaPorte 46350
Edward Kuc, Adm.

Lakeside Health Center, Inc. (C)
802 Highway 20, East, Michigan City 46360
C. Jane Graves, Adm.

Red Oaks Home (C)
910 S. Carroll Ave., Michigan City 46360
Maryann Oszuscik, R.N., Adm.

Wedow Private Home Care (R)
602 Spring St., Michigan City 46360
Jacob M. Hertle, Adm.

Woodview Rehabilitation Center (C)
1101 E. Coolspring Ave.
Michigan City 46360
Frank Estes, Adm.

LAWRENCE COUNTY

Bedford Nursing Home (C)
514 E. 16th St., Bedford 47421
Nellie M. Camp, Adm.

Hospitality House (C)
2122 Norton Lane, Bedford 47421
Maribelle S. Dyer, Adm.

NHE/Bedford (C)
1510 Clinic Drive, Bedford 47421
Marilyn Johnson, Adm.

MADISON COUNTY

Americana Nursing Center of Anderson (C)
1345 N. Madison Ave., Anderson 46011
A. Wayne Johnson, Adm.

Bradford Nursing Home (R&C)
625 W. Adams St., Alexandria 46001
Mary Ellen Bell, Adm.

Convalescent Centre of Anderson, Inc. (C)
1809 N. Madison Ave., Anderson 46012
Evelyn Hendrix, Adm.

Dickey Nursing Home (C)
220 N. Ninth Street, Elwood 46036
Diane E. Blackford, Adm.

Dickey Nursing Home, Inc. (C)
1007 N. 9th, Elwood 46036
Louise Dickey, L.P.N., Adm.

The Goble Home (C)
332 W. 11th St., Anderson 46016
Dillard Marcum, Adm.

New Haven Nursing Home (C)
1023 E. Eighth St., Anderson 46012
Josephine Wade, L.P.N., Adm.

Parkview Convalescent Center (C)
North 19th St., Elwood 46036
Rev. Max Bingham, Adm.

Rolling Hills Convalescent Center, Inc. (C)
1821 Lindburg Rd., Anderson 46012
Harold Thompson, Adm.

Summit Convalescent Center, Inc. (C)
R. R. 1, Summitville 46070
Richard Goodman, Adm.

The Willows (C)
R. R. 2, Box 514C, Alexandria 46001
Marian E. Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age, Inc. (C)
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

The Alpha Home (R&C)
1910 N. Senate Ave., Indianapolis 46202
Emarita Murphy, Adm.

The Altenheim Community United Church Homes, Inc. (R&C, BHA)
3525 E. Hanna, Indianapolis 46227
Rev. Mark Kendall, Adm.

Americana Health Care Center (C)
2010 N. Capitol Ave., Indianapolis 46202
Gerald McGowan, Adm.

Americana Nursing Center of Indianapolis (C)
5600 E. 16th St., Indianapolis 46218
Fred Moon, Adm.

Anthony Hall Nursing Home, Inc. (C)
2135 N. Alabama St., Indianapolis 46204
Myrtle Andrew, Adm.

The Barton House (C)
505 N. Delaware, Indianapolis 46204
Audrey Bonner, Adm.

Bel-Terrace Nursing Home, Inc. (C)
1629-33 N. College Ave., Indianapolis 46202
Thelma Davila, R.N., Adm.

Booker Watts Boarding Home (C)
1445 Broadway, Indianapolis 46202
Herbert O. Watts, Adm.

Booker Watts Nursing Home (C)
2523 Central, Indianapolis 46205
Herbert Watts, Adm.

Broad Ripple Nursing Home (C)
6127 N. College Ave.
Indianapolis 46220
Larry Ley, M.D., Adm.

Chateau de Repos, Inc. (C)
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., and O. C. Eitzmann, Adms.

Colonial Crest Convalescent Center-North (C)
8181 Harcourt Road, Indianapolis 46260
William Myers, Adm.

Colonial Crest Convalescent Center South (C)
2860 Churchman Ave.
Indianapolis 46203
Margaret Hawkins, Adm.

Colonial Crest Nursing Center, Inc. (C)
7145 E. 21st St., Indianapolis 46219
Thomas W. Stader, Adm.

Community Children's Nursing Home (C)
6855 E. 10th St., Indianapolis 46219
Susan Stafford Cox, Adm.

Continental Convalescent Center (C)
344 S. Ritter, Indianapolis 46219
Neville D. Humphrey, Adm.

Crestview Manor Nursing Home (C)
1118 East 46th St., Indianapolis 46205
Mary L. Ingle, Adm.

Dailey's Convalescent Home, Inc. (C)
2926 N. Capitol Ave., Indianapolis 46208
Anderson T. Dailey, Adm.

Delaware Nursing Home (C)
1910 N. Delaware, Indianapolis 46202
Veda Y. Powell, Adm.

Del Mar Nursing Home, Inc. (C)
709 S. Lynhurst Dr., Indianapolis 46224
Helen J. Harbison, Adm.

Emerson Nursing Home (C)
3420 N. Emerson Ave., Indianapolis 46218
William Medley, Adm.

Evangelistic Center, Inc. (R&C)
3518 Shelby St., Indianapolis 46227
Roger T. Qualls, Adm.

Frame Nursing Home, Inc. (C)
373 N. Holmes Ave., Indianapolis 46222
James R. McCarroll, Adm.

Garfield Park Nursing Home (C)
2605 Shelby Street, Indianapolis 46203
Wanda L. Dixon, Adm.

Garfield Park Nursing Home (C)
2620 S. Keystone Ave., Indianapolis 46203
Alma Jean Hawkins, Adm.

Greenview Manor, Inc. (C)
1700 N. Illinois St., Indianapolis 46202
James B. Snavley, Adm.

Lawrence Manor Nursing Home (C)
8935 E. 46th St., Indianapolis 46226
Mark Feeser, Adm.

Hillside Nursing Home (C)
3405 N. Ralston, Indianapolis 46218
Hazel L. Wiggington, Adm.

The Hoosier Village (R&C)
5300 W. 96th St., Indianapolis 46208
Robert A. DeVoss, Adm.

Hooverwood (C)
7001 Hoover Rd., Indianapolis 46260
Lazer D. Brener, Adm.

Independent Living Club (BHA)
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc. (R&C)
1731 N. Capitol Ave., Indianapolis 46202
Mary Ann Bushman, Adm.

Lakeview Manor, Inc. (C)
45 Beachway Dr., Indianapolis 46224
Tom Tyson, Adm.

Lynhurst Nursing Home, Inc. (R&C)
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., Adm.

Manor Care—Indianapolis (C)
2140 W. 86th St., Indianapolis 46260
Elizabeth L. Meikle, Adm.

Mapleton Nursing Home
3650 Central Ave., Indianapolis 46205
Helen Harris, Adm.

Marion County Home (R&C)
11850 Brookville Rd., Indianapolis 46239
Henry H. Bahner, Adm.

Mayfair Home (R)
3240 Washington Blvd., Indianapolis 46205
Joseph Ewbank, Adm.

Meridian Nursing Home (C)
2102 S. Meridian Street, Indianapolis 46225
Josephine Lauth, Adm.

Northwest Manor Nursing Home (C)
6440 West 34th St., Indianapolis 46224
Jeremy D. Carter, Adm.

Parkview Manor Nursing Home (C)
2424 E. 46th St., Indianapolis 46205
Albert Harris, Jr., Adm.

Pleasant View Rest Home (C)
5000 Southeastern Ave., Indianapolis 46203
Pearl Knapp, Adm.

Riley Nursing Home (C)
901 N. East St., Indianapolis 46202
Doris Loudermilk, Adm.

Rural Nursing Home (C)
1747 N. Rural, Indianapolis 46218
Marilyn Conner, L.P.N., Adm.

St. Augustine Home for the Aged (R&C)
2345 W. 86th St., Indianapolis 46260
Helen Wright, Adm.

St. Paul Baptist Church Home for the Aged (C)
1141-45 N. Sheffield Ave., Indianapolis 46222
Anna Dailey, Adm.

St. Paul Hermitage (R&C)
501 N. 17th St., Beech Grove 46107
Sister Mary Gilbert, Adm.

Sarah's Nursing Home (C)
3208 N. Sherman Dr., Indianapolis 46218
Dorothy Morrison, Adm.

Southeastern Nursing Home (C)
4743 Southeastern Ave., Indianapolis 46203
Esther Lucile Toll, L.P.N., Adm.

Stone Manor Convalescent Home (C)
8201 W. Washington St., Indianapolis 46231
Sue Carter, Adm.

Three Sisters Nursing Home, Inc. (C)
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

Turtle Creek Convalescent Centre—East, Inc. (C)
1302 N. Lesley Ave., Indianapolis 46219
Norman T. Gulley, Adm.

Turtle Creek Convalescent Center, Inc. (R&C)
55 West 33rd St., Indianapolis 46208
Stephen Feldman, Adm.

Turtle Creek Convalescent Centre, Ritter (C)
1301 N. Ritter, Indianapolis 46219
Edwin R. Wright, Adm.

Turtle Creek Convalescent Centre—South (C)
525 E. Thompson Rd., Indianapolis 46227
Rosemary Lain, Adm.

Turtle Creek Convalescent Centre Southeast, Inc. (C)
2002 Albany Ave., Beech Grove 46107
Paul C. Ade, Adm.

T. Wray Nursing Home (C)
1812 Central, Indianapolis 46202
Thelma Wray, L.P.N., Adm.

Waddle Nursing Home, Inc. (C)
2112 N. Delaware St., Indianapolis 46202
Miriam E. Snyder, Adm.

Warren Park Nursing Home (C)
6855 E. 10th, Indianapolis 46219
Robert Ford Cox, Adm.

Weber Convalescent Home (C)
43 S. Ritter Ave., Indianapolis 46219
Laura E. Weber, Adm.

We Care Health Centers, Inc. (C)
6566 W. Washington St., Indianapolis 46241
Jerry Liggett, Adm.

Westview Nursing Home (C)
5435 West 38th St., Indianapolis 46224
William Matthysse, Adm.

Westminster Village North Health Center (C)
1150 Presbyterian Dr., Indianapolis 46236
George E. Tolson, Adm.

MARSHALL COUNTY

Fairview Nursing Home (C)
Route 5, Plymouth 46563
Patricia Beam, Adm.

Kingston Nursing Home (C)
309 Kingston Drive, Plymouth 46563
Mary C. Drews, R.N., Adm.

Miller's Merry Manor, Inc. (R&C)
600 W. Oakhill Ave., Plymouth 46563
Jane K. Miller, R.N., Adm.

Myers Nursing Home, Inc. (C)
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

Pilgrim Manor Rehabilitation and Convalescent Center (C)
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

R.N. Nursing Home (C)
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

Shady Rest Home (Marshall Co. Home) (R)
R. R. 5, Plymouth 46563
Kathryn Krueger, Adm.

MARTIN COUNTY

Medco Center of Loogootee (C)
R. R. 4, Loogootee 47553
Mary Lee Wildman, Adm.

MIAMI COUNTY

Miller's Merry Manor, Inc. (C)
317 Blair Pike, Peru 46970
Alan Grossnickle, Adm.

Peru Nursing Home (C)
390 West Blvd., Peru 46970
Richard Gibson, Adm.

MONROE COUNTY

Arbutus Convalescent Home (C)
R.R. 12, Box 292, Bloomington 47401
Lillian Fender, Adm.

Bloomington Convalescent Center (C)
714 S. Rogers St., Bloomington 47401
Mr. Carroll Moore, Adm.

Bloomington Nursing Home (C)
120 E. Miller Dr., Bloomington 47401
William Doub, Adm.

Hospitality House, Inc. (R&C)
1100 S. Curry Pike, Bloomington 47401
Fred J. Ponton, Adm.

Fontanbleu Nursing Center (C)
3305 South Highway 37, Bloomington 47401
John S. Teaters, Adm.

MONTGOMERY COUNTY

Ben Hur Home, Inc. (C)
1375 S. Grant, Crawfordsville 47933
Esther Houston, Adm.

Carmen Nursing Home (C)
817 N. Whitlock Ave., Crawfordsville 47933
Cline Harbison, Adm.

Golden Manor Nursing Home (C)
1001 E. Main St., Ladoga 47954
Opal I. Gephart, Adm.

Lane House, Inc. (C)
1000 Lane Ave., Crawfordsville 47933
Richard A. Bowles, L.P.N., Adm.

MORGAN COUNTY

Cherry Nursing Home (C)
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Countryaire Manor, Inc. (C)
259 W. Harrison St., Mooresville 46158
Larry E. Gray, Adm.

Grand View Nursing Home (C)
2009 E. Columbus St., Martinsville 46151
Melvin Brunner, Adm.

Henderson Nursing Home, Inc. (C)
140 W. Washington St., Morgantown 46160
E. Marguerite Henderson, Adm.

Kennedy Memorial Christian Home (R&C)
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

NEWTON COUNTY

Kentland Kare Home (C)
102 E. Carroll St., Kentland 47591
Helen M. Borman, R.N., Adm.

Kentland Nursing Home (C)
720 E. Washington St., Kentland 47591
Thomas Janovsky, Adm.

NOBLE COUNTY

Kendallville Nursing Home (C)
1433 S. Main St., Kendallville 46755
Byron Colglazier, Adm.

Kneipp Springs (R&C)
Rome City 46784
Sister Mary Josina Kuhn, Adm.

Linville Boarding Home (BHA)
518 E. Diamond, Kendallville 46755
Weltha Linville, Adm.

Luckey Memorial Nursing Home, Inc. (R&C)
Highways 33 & 109, Wolf Lake 46796
Jack and Carole Dowden, Adms.

Lutheran Homes, Inc. (R&C)
612 E. Mitchell, Kendallville 46755
Paul Dobler, Adm.

Sacred Heart Home (R&C)
R. R. 2, Avilla 46710
Sister M. Theodora Wessell, Adm.

OHIO COUNTY

Rising Sun Nursing Home (C)
Rio Vista Ave., Rising Sun 47040
Robert Anderson, Adm.

ORANGE COUNTY

Medco Annex of French Lick (C)
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., Adm.

Medco Center of French Lick (C)
Box 350, East College, French Lick 47432
Dale C. Walters, Adm.

Paoli Nursing Home (C)
111 W. Hospital View Rd., Paoli 47454
Robert C. Hess, Adm.

OWEN COUNTY

Donna Nursing Home #2 (C)
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc. (C)
South Seventh St., Gosport 47433
Leland S. Lynch, Adm.

Owen County Home (R)
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

PARKE COUNTY

Castle Shannon Nursing Home (C)
P. O. Box 99, Rockville 47872
Leon G. Harbison, Adm.

Parke County Nursing Home (C)
R. R. #2, Rockville 47872
Margaret, Gerald and Dale Ball, Adms.

PERRY COUNTY

Lincoln Hills Nursing Home, Inc. (C)
19th and Pestalozzi, Tell City 47586
Fred Smith, Jr., M.D., Adm.

PIKE COUNTY

Holiday Home (C)
Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

PORTER COUNTY

Canterbury Place (C)
251 E. Drive, Valparaiso 46383
Edward Kuc, Adm.

Whispering Pines Home for Senior Citizens (C)
N. Calumet Rd., Valparaiso 46383
Jeanette Dolk, Adm.

The Willows (C)
1000 Elizabeth, Valparaiso 46383
Nettie DuSold, Adm.

POSEY COUNTY

Allison Nursing Home (C)
Locust St., Poseyville 47633
Lula Allison, Adm.

The Charles Ford Memorial Home (R)
920 S. Main St., New Harmony 47631
Lewis Lee Brewer, Adm.

Medco Center of Mt. Vernon, Indiana (C)
1415 Country Club Rd., Mount Vernon 47620
George J. Hill, Adm.

Merimac Nursing Home (C)
P. O. Box 275, Cynthiana 47612
George R. Lovell, Adm.

PULASKI COUNTY

Winamac Nursing Home (C)
515 East 13th Street, Winamac 46996
James L. Drews, Adm.

PUTNAM COUNTY

Asbury Towers (R&C)
102 W. Poplar St., Greencastle 46135
Rev. Otis L. Collier, Adm.

Donna Nursing Home (C)
P.O. Box 247, Cloverdale 46120
MaDonna Tirsway, Adm.

Eventide Rest Home (C)
1306 S. Bloomington St., Greencastle 46135
Mary Jane Gierke, Adm.

Greencastle Nursing Home (C)
815 E. Tacoma Dr., Greencastle, 46135
John Jennings, Adm.

Putnam County Home (R)
R. R. 3, Greencastle 46135
George H. Gentry, Adm.

Sunset Manor Nursing Home, Inc. (C)
1109 S. Indiana St., Greencastle 46135
Jack L. Cross, Adm.

RANDOLPH COUNTY

Parrott's Home (R)
304 W. Sherman St., Lynn 47355
Mary Maxine Parrott, Adm.

Randolph Nursing Home, Inc. (C)
701 S. Oak St., Winchester 47394
Everett Rickert, Adm.

RIPLEY COUNTY

Dreyerhaus (C)
R.R. #3, State Rd. 46, Batesville 47006
Miss Elsie Dreyer, Adm.

Gray's Nursing Home (R&C)
R. R. 1, Sunman 47041
Gladys Caudill, Adm.

Health and Hospitality Center, Inc. (C)
Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home (C)
546 Wilson St., Osgood 47037
Charles F. Negangard, Adm.

Manderley Nursing Home #2 (R)
120 E. Ripley St., Osgood 47037
Phyllis Negangard, Adm.

Silver Bell Nursing Home (C)
R.R. 2, Box 106, Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home (R)
Railroad St., Milroy 46156
Elizabeth Gorman, Adm.

Hillside Haven (C)
424 North Perkins St., Rushville 46173
Mary Todd, R.N., Adm.

Holiday House (R)
114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

Jackson Nursing Home (C)
612 E. 11th St., Rushville 46173
Marjorie Pearsey, L.P.N., Adm.

Kare Komfort & Compassion Nursing Chalet, Inc. (C)
230 E. Seventh St., Rushville 46173
Miss Linda Rosenberry, Adm.

ST. JOSEPH COUNTY

Cardinal Manor (R)
118 S. William St., South Bend 46601
Rosemary E. Mueller, Adm.

Cardinal Nursing Home, Inc. (C)
1121 E. LaSalle, South Bend 46601
Thomas E. Squibb, Adm.

Carlyle Nursing Home (C)
5024 N. Western Ave., South Bend 46625
Frances Gargano, Adm.

Dor-A-Lin, Inc. (C)
1024 N. Notre Dame Ave., South Bend 46617
Edward L. Finkenbinder, Adm.

Essex Nursing Home (C)
1106 South 20th St., South Bend 46615
Larry D. McKee, Adm.

Farris Lombardy Home, Inc. (C)
4600 W. Washington Ave., South Bend 46619
Thomas H. Kramer, Adm.

Golden Age Manor (C)
811 E. 12th St., Mishawaka 46544
Rae Leonard, R.N., Adm.

Haven Hubbard Memorial Home (R&C)
Chicago Trail, New Carlisle 46552
D. M. McMahan, Adm.

Healthwin Hospital (C)
20531 Darden Road, South Bend 46637
Rita L. Montgomery, Adm.

Melrose Manor (C)
601 S. Russell St., Mishawaka 46544
Mearl Dustin, Adm.

Morningside Nursing Home (C)
18325 Bailey Ave., South Bend 46637
Sufrona Ryan, Adm.

Portage Manor (R&C)
53380 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

Ridgedale Nursing Home (R&C)
1950 E. Ridgedale Rd., South Bend 46614
Gloria J. McCullough, Adm.

River Park Nursing Home (C)
915 27th St., South Bend 46615
Nancy J. Jedrzejewski, Adm.

South Bend Nursing Home (C)
328 N. Notre Dame, South Bend 46617
John R. Weltin, Adm.

The Robert P. & Clara I. Milton Home, Inc. (R&C)
206 E. Marion St., South Bend 46601
Tessie E. Mauck, Adm.

Walkerton Nursing Home (C)
Walkerton Trail, Walkerton 46574
Roy J. and Ruth A. DeSimone, Adms.

SCOTT COUNTY

Roe-Seal Memorial Home (R)
Englishton Park, Lexington 47138
Janet Heilman, Adm.

Scottsburg Nursing Home (C)
1100 N. Gardner St., Scottsburg 47170
Ollie M. Blagrabe, Adm.

Shalom Convalescent and Nursing Home (C)
Highway 31 South, Scottsburg 47170
William Lippert, Adm.

SHELBY COUNTY

Ace Placid Home (C)
R. R. 1, Fairland 46126
Patsy R. Ferguson, Adm.

Conover Rest Home (C)
Box 388, Morristown 46161
Marcia Westerfield, Adm.

The Heritage House Children's Center (C)
2325 S. Miller St., Shelbyville 46176
Janes Coers, Adm.

Heritage Manor, Inc. (C)
2311 South Miller St., Shelbyville 47176
Robert Reed, Adm.

The Heritage House Convalescent Center (C)
2309 S. Miller St., Shelbyville 46176
C. Robert Norman, Adm.

Waldron Nursing Home (C)
Box 95, Waldron 46182
Kathleen L. and Charles D. Kuhn, Adm.

SPENCER COUNTY

Golden Circle Nursing Center (C)
Highway 68 West, Dale 47523
Donald R. Thomason, Adm.

Professional Care Nursing Home (C)
Dale 47523
Emma Lou Woolard, Adm.

Nursing Center of Rockport, Inc. (C)
815 Washington St., Rockport 47635
O. Jane Thomason, Adm.

STARKE COUNTY

The Countryside Place Health Facility (C)
300 Culver Road, Knox 46354
Carl Kafantaris, Adm.

Little Company of Mary Health Facility, Inc. (C)
Route 421, San Pierre 46374
Sister Catherine Krieter, Adm.

STEUBEN COUNTY

Angola Nursing Home (C)
600 N. Williams St., Angola 46703
Marcile R. Foster, R.N., Adm.

Carlin Park Nursing Home, Inc. (C)
P.O. Box 341, Angola 46703
Flo Shull, Adm.

SULLIVAN COUNTY

Sullivan County Lakeview Rest Home (R)
R. R. 5, Sullivan 47882
Kenneth F. and Vencil E. Engle, Adms.

Sullivan Nursing Home (C)
W. Wolfe St., Sullivan 47882
Oliver R. and Mary J. Blubaugh, Adms.

Village Nursing Home (C)
975 N. Section St., Sullivan 47882
Carla Jean McCammon, Adm.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home (BHA)
501 West Pike St., Vevay 47043
Peggy Jackson, Adm.

TIPPECANOE COUNTY

Americana Nursing Center of Lafayette (C)
2201 Cason St., Lafayette 47901
William Rincker, Adm.

Comfort Retirement and Nursing Home (C)
312 N. Eighth St., Lafayette 47901
Richard E. Linson, Adm.

Hillcrest Nursing Home (C)
1123 E. South St., Lafayette 47901
Dan Wheat, Adm.

Indiana Pythian Home (R&C)
1501 South 18th Street, Lafayette 47905
Meredith E. Keeney, Adm.

Indiana State Soldier's Home (BHA, R&C)
Road 43, North Lafayette 47901
Robert Hinds, Adm.

Lafayette Care, Inc. (C)
3400 Soldiers Home Rd.,
W. Lafayette 47906
Mary Robertson, Adm.

Laura M. Bowles Convalescent Home (C)
147 Ford St., Clarks Hill 47930
Laura M. Bowles, L.P.N., and
Laura L. Peterson, Adms.

Tippecanoe Villa (R)
5308 N. 50, W. Lafayette 47906
Charles Haan, Adm.

Turtle Creek Convalescent Center of Lafayette (R&C)
1903 Union St., Lafayette 47901
Harold Trump, Adm.

William Ross Annex of the Tippecanoe Villa (C)
3208 Ross Road, Lafayette 47906
Dorothy Haan, Adm.

TIPTON COUNTY

The Higgins Home, Inc. (C)
R.R. 1, St. Rd. 19, Box 303,
Tipton 46072
Robert D. Higgins, Jr., Adm.

Holtsclaw Nursing Home (C)
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

Tipton Nursing Home (C)
701 E. Jefferson St., Tipton 46072
Jack R. and Marcia Ellen DeWitt, R.N.,
Adms.

UNION COUNTY

Park Manor Nursing Home, Inc. (C)
409 E. Union St. Liberty 47353
H. Elain Stubbs, R.N., Adm.

VANDERBURGH COUNTY

Bethel Sanitarium, Inc. (R&C)
6015 Kratzville Rd., Evansville 47710
Louise Kuiken, R.N., Adm.

Braun's Nursing Home, Inc. (C)
909 First Ave., Evansville 47710
Ruth H. Braun, L.P.N., Adm.

The Cardinal Care Center (C)
2819 North St. Joseph Ave.,
Evansville 47712
Charles J. Ludwyck, Adm.

Christian Manor (C)
923 S. Elliott St., Evansville 47710
Jo Ann Daly Hunter, Adm.

Dellaren Nursing Care Center (C)
816 North First Ave., Evansville 47710
Dorothy A. Arendell, Adm.

Evansville Protestant Home Inc. (R&C)
3701 Washington Ave., Evansville 47715
Helen E. Kinkle, Adm.

Gertha's Nursing Home, Inc. (C)
505 Oakley St., Evansville 47710
Richard Gossman, Sr., Adm.

Good Samaritan Home, Inc. (C)
501 N. Boeke, Evansville 47711
N. R. Allsmiller, Adm.

Holiday Home (C)
1201 W. Buena Vista Rd., Evansville 47710
Larry E. Dunigan, Adm.

M & R Nursing Home (C)
1100 N. Read St., Evansville 47710
Mrs. Muriel Sprinkle, L.P.N., Adm.

McCurdy Residential Center (R)
101 S.E. First St., Evansville 47713
Norman Hunter, Adm.

Medco Center of Evansville-North, Inc. (C)
550 Fairway Dr., Evansville 47710
Jerry V. Powers, Adm.

Pine Haven Nursing Home (C)
3401 Stocker Dr., Evansville 47712
Anita M. Stocker, R.N., Adm.

Pleasantview Rest Home (R&C)
700 Senate Ave., Evansville 47711
Jack Harness, Adm.

Quality Care Home (C)
807 S.E. Third St., Evansville 47713
Frank Harrell, Adm.

Rathbone Memorial Home for Aged and Infirm Persons (R)
1320 S. E. Second St., Evansville 47713
Peter Mulday, Adm.

Regina Pacis Home (R&C)
3900 Washington Ave., Evansville 47715
Raymond Heinen, Adm.

St. John's Home for the Aged (R&C)
1236 Lincoln Ave., Evansville 47714
Mother Genevive Lanahan, Adm.

Turtle Creek Convalescent Center of Evansville (C)
4301 Washington Ave., Evansville 47715
Jeffrey L. Huffer, Adm.

VERMILLION COUNTY

Clinton Nursing Home (C)
700 S. Main St., Clinton 47842
Betty June Payton, L.P.N., Adm.

Holiday Home (C)
Outer S. Main St., Clinton 47842
Harold I. Segall, Adm.

VIGO COUNTY

Canterbury Convalescent Centre (C)
500 Maple Ave., Terre Haute 47804
Marilyn A. Williams, Adm.

Clara Fairbanks Home for Aged Women, Inc. (R&C)
721 Eighth Ave., Terre Haute, 47804
Helen Cottrell, R.N., Adm.

Ewing Nursing Home (C)
504 S. 15th St., Terre Haute 47807
Mary Cox Ewing, R.N., Adm.

Ledgerwood Home (BHA)
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm.

Meadows Manor (C)
3300 Poplar St., Terre Haute 47803
Wilma P. Hall, Adm.

Meadows Manor North, Inc. (C)
3150 N. 7th St., Terre Haute 47804
Marjorie Loving, R.N., Adm.

Terre Haute Nursing Home (C)
830 S. 6th St., Terre Haute 47808
Charles C. Moyer, Adm.

Vigo County Home (R&C)
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center, Inc. (C)
120 W. Margaret Ave., Terre Haute 47802
Richard D. Wallace, Adm.

Webster's Rest Home (C)
513-15 North 14th St., Terre Haute 47807
Rachel Webster, Adm.

WABASH COUNTY

Americana Health Care Center of Wabash (C)
654 Washington St., Wabash 46992
E. May Hauth, Adm.

The Estelle Peabody Memorial Home of the United Presbyterian Church, U.S.A., Indiana Synod (R&C)
Seventh and Buffalo,
North Manchester 46962
William Visser, Adm.

Meriweather Convalescent Home (C)
1720 Alber St., Wabash 46992
Miss Kathryn Duffey, R.N., Adm.

Miller's Merry Manor, Inc. (C)
1035 Manchester Ave., Wabash 46992
Robert F. Woods, Adm.

Pleasant View Nursing Home (C)
R. R. 2, Wabash 46992
Daniel H. Miller, R.N., Adm.

The Shangri-La (C)
604 Rennaker St., La Fontaine 46940
Alpha Alexander, Adm.

Timbercrest-Church of the Brethren Home (R&C)
East St., North Manchester 46962
Orville Sherman, Adm.

Vernon Manor for Children Home (C)
1955 S. Vernon, P.O. Box 258
Wabash 46992
Lester Prothe, Adm.

Wabash Nursing Home (C)
1420 Quaker Ave., Wabash 46992
David Lawrenz, Adm.

WARREN COUNTY

Davis Boarding Home (BHA)
R. R. #2, Covington 47932
John W. and Kathryn Davis, Adms.

Meadows Heights Nursing Center (C)
200 Short St., Williamsport 47993
Archer A. Cogil, Adm.

Warren County Home (C)
R. R. 1, Williamsport 47993
Jeannette Eaton, Adm.

WARRICK COUNTY

Baker's Rest Haven, Inc. (C)
305 E. North St., Boonville 47601
Viola Vance, R.N., Adm.

Medco Center of Chandler (C)
R. R. 2, Chandler 47610
Bruce Baker, Adm.

Monticello Manor (C)
S.E. Second St., Boonville 47601
Melvin H. White, Adm.

WASHINGTON COUNTY

Williams Convalescent Center, Inc. (C)
Homer and Anson Sts., Salem 47167
Wayne H. Williams, and Kathleen Williams, L.P.N., Adms.

WAYNE COUNTY

Colonial Crest Convalescent Center Richmond (C)
1042 Oak Dr., Richmond 47374
Stephen Harris, Adm.

Friends Fellowship Community, Inc. (R&C)
2030 Chester Blvd., Richmond 47374
Merrill W. Baxter, Adm.

Golden Rule Nursing Center, Inc. (C)
2001 U.S. 27, South Richmond 47374
Al Knobler, Adm.

The Good Samaritan Nursing Home (C)
R. R. 1, Centerville 47330
Eileen Singleton, L.P.N., Adm.

Heritage House of Richmond, Inc. (C)
2070 Chester Blvd., Richmond 47374
Sam M. Simmons, Adm.

Jenkins Hall (R&C)
N. 10th St., Richmond 47374
Kenneth R. Spoon, Adm.

Owens Convalescent Home (C)
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home (C)
Box 145, Centerville 47330
Mary McClure, R.N., Adm.

Richmond Nursing Home (C)
2302 N. Chester Blvd., Richmond 47374
Alma Louise Suhre, R.N., Adm.

WELLS COUNTY

Cooper Rest Homes, Inc. (C)
1509 Fort Wayne Rd., Bluffton 46714
Daniel J. Cooper, Adm.

Davis Bluffton Nursing Home (C)
1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Meadowvale Skilled Care Center (C)
1529 W. Lancaster St., Bluffton 46714
Donald Cheesman, and John R. Siela, Adms.

South View Rest Home, Inc. (C)
R. R. 3, Box 306, Bluffton 46714
Cora N. Anderson, L.P.N., and Karl Anderson, Adms.

WHITE COUNTY

Archibald Memorial Home for Aged Deaf (R)
R. R. 2, Brookston 47923
Joseph S. Miller, Adm.

Lake View Home (R)
(White County Home)
R. R. 6, Monticello 47960
Ora Rumple, Adm.

Turtle Creek Convalescent Centre of Monticello (C)
R. R. 6, Monticello 47960
Mr. Kristen W. Baldock, Adm.

WHITLEY COUNTY

Alfran Nursing Home, Inc. (C)
R. R. 9, Columbia City 46725
Elson Wilson, L.P.N., Adm.

Columbia City Nursing Home (C)
522 N. Line St., Columbia City 46725
Louise Daily, R.N., Adm.

Mary Farris Nursing Home (C)
215 E. VanBuren, Columbia City 46725
Mary Farris, Adm.

Miller's Merry Manor, Inc. (C)
710 W. Ellsworth St., Columbia City 46725
Grace M. Karst, R.N., Adm.

Market Commentary

Possible Further Gains Ahead

In spite of the unusual gains this year, further gains seem very likely.

This is primarily because both averages are in new high ground. This invariably signals further moves in the same direction under the Dow Theory.

In addition, declines that do occur bring out decreasing volume, and rallies are invariably accompanied by higher volume. This is always an indication of good health and usually suggests higher prices ahead.

We had expected a more severe reaction in this area, but the March reaction did not even make the normal minimum retracement of one-third of the previous rally which would have taken the Dow down to 720.

Instead, the market declined slowly and on low volume to about 740 and then turned right around and rallied dynamically to new highs.

With the transportation average also now at a new high, we can expect still further rally, under our interpretation of the Dow Theory.

4 New Stock Recommendations

Many of the stocks we have been especially recommending this year have made spectacular gains.

This year, Searle has gone from $13-7/8 to $23-7/8; McGraw-Hill from $6 to $10-5/8; RCA from $10-3/8 to $15-7/8 and Dow Jones from $15 to $27-3/4, to list a few of the leaders.

Now we are adding four new issues to our recommended lists (see pages 4 and 5) and while there is no way of foretelling exactly what they will do, we believe they possess superior rally possibilities compared to the average stock.

These and other of our recommended issues — especially those that have had such large rises — should be bought on setbacks, if at all possible, because with the averages at these levels, such setbacks can mean important percentagewise reductions in price.

Further, buying should be tempered by the fact that the market has rallied 240 points without a full correction. Such a correction, when it eventually comes, will provide the best buying opportunity since last December — early January. — **from Dow Theory Forecasts, Apr. 28, 1975. Reprinted with permission.**

Poison Control Centers in Indiana

and Adjacent States

***ATTENTION: Physicians, Hospitals and Poison Control Centers.

Since July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, has been the principal INFORMATION CENTER for the State of Indiana, replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Memorial Hospital 2015 Jackson Street	649-2511 Ext. 251	Thomas Schrader, Pharm.
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Marie Hosack, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	275-3331	Richard T. Simmons, R. Ph.
East Chicago	St. Catherine Hospital 4321 Fir Street	392-7203	Stanley Zallen, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	294-2621	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	426-3405	Robert Arendell, M.D.
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	477-6261 Ext. 491	A. S. Ritz, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Sixth Street	426-8336	Richard Emig, R. Ph.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	484-6636	William O. Wissman, Pharm.
Fort Wayne	St. Joseph Hospital 730 West Berry Street	423-2614	Robert Voorhees, M.D.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451 Ext. 22	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	886-4710	Darline Lee, R.N.
Goshen	Goshen General Hospital 200 High Park Avenue	533-2141 (Emergency Room)	Craddock Duren, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	932-2300 Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	John D. Miller, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	924-8355	Maxine Bush, R.N.

City	Name and Address	Telephone	Director
Indianapolis	St. Francis Hospital Center 1600 Albany Street Beech Grove	783-8261	J. R. Coughenoor, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain St.	453-8444	Mary Scheetz, R.N.
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	742-0221 Ext. 421 or 428	Howard Gish, M.D.
LaGrange	LaGrange County Hospital R.R. #1	463-2144 Ext. 34	Sharon Honaker, R.N.
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	482-2700 Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Mrs. Ester Stiles, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	662-4694	L. D. Wojcik, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	259-2431 Ext. 233	
Muncie	Ball Memorial Hospital 2401 University Avenue	747-3241	Joyce Hartley, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131 Ext. 159	R. K. Riesz, M.D.
Richmond	Reid Memorial Hospital 1401 Chester Blvd.	962-4545	Mrs. Jewell Spears, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	392-3793	Carolyn Rosenfeld, R.N.
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	284-7458	Z. Myers, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	233-0040	B. Vagner, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	232-0361 Ext. 397	Darrell Propst, R. Ph.

ADJACENT STATES

City	Name and Address	Telephone
	Illinois	
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	942-5969
	Kentucky	
Louisville	Poison Control Center Department of Pediatrics 226 E. Chestnut St.	582-1831
	Missouri	
St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	865-4446
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	367-6880
	Ohio	
Cincinnati	*Poison Control Center Cincinnati General Hospital	872-5111
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	258-9783

AMA Accredited Educational Programs in Indiana

Accredited by the Council on Medical Education of the American Medical Association in collaboration with the American Society of Clinical Pathologists and the American Society for Medical Technology.

For Cytotechnologists—1974

City Sponsoring Institution Affiliate(s)	Program Director & Educational Coordinator
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SOUTH BEND	
South Bend Medical Foundation, Inc.	J. R. Bennett, MD B. Colborn, CT (ASCP)

For Medical Technologists—1974

ANDERSON	
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St. Francis Hospital Indiana University, Bloomington; Ball State University, Muncie; Butler University, Indianapolis	R. L. Costin, MD B. Hanna, MT (ASCP)
EVANSVILLE	
Deaconess Hospital University of Evansville, Indiana State University, Indiana University	Fred Mills, MD Glenda Freidlein (ASCP)
St. Mary's Hospital Purdue University, La-Fayette; University of Evansville; Kentucky Wesleyan College, Owensboro, Ky.; Murray State University, Murray, Ky.; Western Kentucky University, Bowling Green, Ky.	James Robertson, MD B. E. McKay, MT (ASCP)
FORT WAYNE	
Lutheran Hospital Valparaiso University, Valparaiso; Taylor University, Upland; St. Francis College; Ball State University, Muncie; Indiana University, Bloomington; Huntington College, Huntington	W. D. Griest, MD J. Hanauer, MT (ASCP)
Parkview Memorial Hospital Indiana University, Bloomington; Purdue University, Lafayette; St. Francis College, Fort Wayne	K. R. Schlademan, MD S. P. Wilson, MT (ASCP)
St. Joseph's Hospital St. Francis College, Fort Wayne; Purdue University, Lafayette; Indiana University, Bloomington; Ball State University, Muncie	L. A. Schneider, MD L. E. Schoeff, MT (ASCP)
GARY	
Methodist Hospital of Gary Purdue University, Lafayette; Indiana University, Bloomington; Valparaiso University; Lincoln University, Lincoln, Neb.	W. P. Loh, MD J. Holowaty, MT (ASCP)
St. Mary Mercy Hospital St. Joseph College, Rensselaer; Indiana University, Bloomington; Purdue University; Valparaiso University	E. J. Mason, MD R. Blastick, MA, MT (ASCP)
HAMMOND	
St. Margaret Hospital Purdue University; St. Mary's College, Notre Dame; St. Joseph's College, Rensselaer; St. Francis College, Fort Wayne	J. Pilot, MD G. Shipplett
INDIANAPOLIS	
Indiana University School of Medicine Methodist Hospital, St. Vincent Hospital, Indianapolis; St. John's Hickey Memorial Hospital, Anderson; St. Francis Hospital, Beech Grove; Lutheran Hospital, St. Joseph's Hospital, Parkview Memorial, Fort Wayne; St. Mary Mercy Hospital, Methodist Hospital, Gary; St. Joseph Memorial Hospital, Howard Community Hospital, Kokomo; South Bend Medical Foundation	C. D. Nordschow, MD M. A. Feeley, MS, MT (ASCP)

Methodist Hospital Butler University; Franklin College, Franklin; DePauw University, Greencastle; Ball State University, Muncie; Purdue University, Lafayette; Indiana Central College; Indiana University, Bloomington	L. H. Hoyt, MD R. Driver, MT (ASCP)
St. Vincent Hospital Marion College, Marion; Purdue University, Lafayette; Ball State University, Muncie; Indiana University, Bloomington; Butler University, Indianapolis; Greenville College, Greenville, Ill.	L. N. Foster, MD J. Westerman, MT (ASCP)
KOKOMO	
St. Joseph Memorial Hospital Ball State University, Muncie; Indiana University, Kokomo	M. W. Rudicel, MD C. Wall, MT (ASCP)
LAFAYETTE	
St. Elizabeth Hospital Medical Center Purdue University; Ball State University, Muncie; St. Joseph's College, Rensselaer; Marion College, Indianapolis	H. T. Russell, MD J. D. Sanderson, MT (ASCP)
MUNCIE	
Ball Memorial Hospital Ball State University; Marion College, Marion; Anderson College, Anderson	G. Branam, MD S. A. Replogle, MT (ASCP)
SOUTH BEND	
South Bend Medical Foundation, Inc. St. Mary's College, Notre Dame; Indiana University, South Bend and Bloomington	J. R. Bennett, MD B. Hagan, MS, MT (ASCP)
TERRE HAUTE	
Indiana State University Union Hospital	L. L. Blum, MD S. Husain, PhD
St. Anthony Hospital Eastern Illinois University, Charleston; St. Mary-of-the-Woods College, St. Mary-of-the-Woods	J. C. Lee, MD T. Win, MD A. Beaver, MT (ASCP)
VINCENNES	
Good Samaritan Hospital Indiana State University-Union Hospital, Terre Haute; Purdue University, Lafayette; Ball State University, Muncie; University of Evansville; Southern Illinois University, Carbondale, Illinois	B. K. Black, MD P. H. Bousley, MA, MT (ASCP)

For Certified Laboratory Assistants—1974

BLUFFTON	
Caylor-Nickel Hospital Physicians Medical Laboratory, St. Francis College, Fort Wayne; Wabash Memorial Hospital, Wabash	A. Waksman, MD W. Smith, MT (ASCP)
INDIANAPOLIS	
Indiana Vocational Technical Institute-Mallory Technical Institute Community Blood Bank; Johnson Co. Memorial Hospital, Franklin; Winona Memorial Hospital	H. P. Rivera—Correa, MD R. Hicks, MT (ASCP)
Thornton-Haymond-Costin-Buehl School for Medical Laboratory Assistants Hancock County Memorial Hospital, Greenfield; Rush Memorial Hospital, Rushville; Wm. S. Major Hospital, Shelbyville; Riverview Hospital, Noblesville	J. L. Haymond, MD S. Koss, MT (ASCP)
LAFAYETTE	
Physicians Clinical Laboratory Hendricks County Hospital, Danville; Witham Memorial Hospital, Lebanon; Iroquois Memorial Hospital, Watseka, Ill.	J. M. McFadden, MD S. Masarik, MT (ASCP)
Indiana Vocational Technical College, Lafayette Home Hospital; Memorial Hospital, Logansport	Paul Elliott, MD D. D. Klosinski, MT (ASCP)
MICHIGAN CITY	
Lakeshore Medical Laboratory Memorial Hospital, Walters Hospital; Porter Memorial Hospital, Valparaiso; Pawating Hospital, Niles, Mich.; La Porte Hospitals, Inc., La Porte	R. J. Frost, MD E. Firme, MT (ASCP)
RICHMOND	
Reid Memorial Hospital	J. D. Stepleton, MD J. Gibbel, MT, (ASCP)

For Radiologic Technologist — 1974

Approved by the Council on Medical Education of the American Medical Association in collaboration with the American College of Radiology and the American Society of Radiologic Technologists.

BEECH GROVE	
St. Francis Hospital Indiana Vocational Tech-	C. A. Stayton, Jr., MD H. Hoffman, RT

nical Institute-Mallory Technical Institute, Indianapolis	
DYER	
Our Lady of Mercy Hospital Indiana University, Bloomington; St. Margaret Hospital, Hammond	A. Lipsey, MD R. Corrigan, PhD G. Klein, RT
EAST CHICAGO	
St. Catherine Hospital Indiana University, East Chicago	D. E. Ziev, MD K. J. Schmidl, RT
ELKHART	D. B. Parshall, MD
Elkhart General Hospital Indiana University, South Bend	W. Tirman, MD, Education Coord. H. V. Konecny, RT
EVANSVILLE	
Deaconess Hospital	R. E. Beck, MD W. A. Newhouse, RT
University of Evansville St. Mary's Hospital, Evansville	T. Cook, MD M. Brannock, RT
Welborn Memorial Baptist Hospital	E. L. Hendershot, MD J. A. McLellan, RT
FORT WAYNE	
Lutheran Hospital Indiana University, Fort Wayne	R. A. Flaherty, MD R. D. Walker, RT R. Rinehart, RT
Parkview Memorial Hospital Indiana University, Fort Wayne	R. D. Dormire, MD T. Webb, RT N. Clark, RT
St. Joseph's Hospital Indiana University, Fort Wayne	M. J. Powell, MD S. K. Siebert, RT
GARY	
Methodist Hospital Indiana University, Gary	K. G. Ambrozaitis, MD Mrs. J. L. Akin, RT
GREENFIELD	
Hancock County Memorial Hospital Community Hospital of Indianapolis	R. A. Silver, MD R. L. Reger, RT
HAMMOND	
St. Margaret Hospital Our Lady of Mercy Hospital, Dyer; Indiana University, East Chicago	C. Rosenthal, MD J. Owezarzak, RT
INDIANAPOLIS	
Community Hospital Indiana Vocational Technical Institute-Mallory Technical Institute	C. C. Taylor, MD T. R. Heazeltine, RT B. E. Bruton, RT
Indiana University School of Medicine	C. H. Helman, MD M. Chaille, RT
Methodist Hospital of Indiana, Inc.	J. F. Dillon, MD R. L. Orr, RT
St. Vincent Hospital Indiana Vocational Technical Institute-Mallory Technical Institute	J. L. Morton, MD B. E. Bruton, RT
Winona Memorial Hospital	J. W. Beeler, MD L. K. Morrison, RT
KOKOMO	
St. Joseph Memorial Hospital Indiana University at Kokomo	M. M. Sekulich, MD E. S. Miller, RT
MICHIGAN CITY	
Northern Indiana School of Radiologic Technology Memorial Hospital, Walters Hospital Foundation, St. Anthony Hospital; Indiana University, East Chicago; LaPorte Hospitals, Inc., LaPorte	C. R. Plank, MD J. Scott, MD T. E. Harder, RT
MUNCIE	
Ball Memorial Hospital	D. R. Taylor, MD P. R. De Reu, RT
RICHMOND	
Reid Memorial Hospital	J. C. Spellmeyer, MD J. Honius, RT
SOUTH BEND	
Memorial Hospital Indiana University, South Bend	K. L. Olson, MD W. Tirman, MD H. V. Konecny, RT
TERRE HAUTE	
St. Anthony Hospital St. Francis Hospital Center, Beech Grove	T. W. Hogan, MD J. Murley, RT Sr. M. Luke, RT
VALPARAISO	
Porter Memorial Hospital	E. Tufekcioglu, MD G. A. Janssen, RT B. Burge, RT
VINCENNES	M. S. Floyd, MD
Good Samaritan Hospital	T. M. Fausnacht, RT

For Histotechnologists—1974

MICHIGAN CITY	
Lakeshore Medical Laboratory Training Program, Inc.	R. J. Frost, M.D. Ellen Firme, MT (ASCP)

For Medical Laboratory Technicians—1974

EAST CHICAGO	
Indiana University Div. of General and Technical Studies, Northwest Program 3901 Indianapolis Blvd, 46312	

Deaths of Indiana Physicians in 1974

(M) Member (S) Senior Member (R) Retired (H) Honorary Member

Name	Age	Date of Death	Address	Cause of Death
Ruddell, Karl R. (S)	86	Jan. 4	Indianapolis	Coronary occlusion
Frasch, Mahlon G. (S)	78	Jan. 11	Lafayette	Metastatic prostatic carcinoma
Kenzler, Jack I.	47	Jan. 12	Indianapolis (formerly)	Carcinomatosis
Sullivan, John M. (M)	69	Jan. 14	Terre Haute	Cerebrovascular accident
Stray, David	62	Jan. 24	Wanatah	Severe cerebral concussion; auto accident
Greer, Oliver W. (R)	75	Feb. 1	Indianapolis (formerly)	Ventricular fibrillation, myocardial infarction
Denny, Franklin T. (S)	78	Feb. 5	Ladoga (formerly)	Cardiac arrest, bronchopneumonia
Conley, Joseph L. (S)	84	Feb. 11	Indianapolis	Perirectal abscess with septicemia
Braun, Benjamin D. (R)	69	Feb. 20	East Chicago (formerly)	Congestive heart failure
MacKenzie, Pierce (S)	81	Feb. 25	Evansville	Congestive heart failure
Miller, Henry Paul (M)	57	Feb. 28	Fort Wayne	Chemical asphyxia
LeMaster, Theodore (M)	49	Mar. 2	Indianapolis	Carcinoma, extensive, liver
Carney, Joel T. (S)	84	Mar. 3	Jeffersonville (formerly)	
Bethea, Dennis A. (S)	97	Mar. 12	Hammond	Cerebrovascular accident
Connoy, Andrew F. (R)	68	Mar. 16	Westfield (formerly)	Myocardial infarction
Rosenbaum, David	63	Mar. 16	Indianapolis	Coronary occlusion
Wilson, Ethelbert R. (R)	73	Mar. 20	Indianapolis (formerly)	Gastrointestinal hemorrhage, stress ulcer and hepatic insufficiency
Goldstone, Arthur (M)	39	Mar. 24	Gary	Plane crash
Bailey, Edwin B. (M)	58	Mar. 31	Linton	Dissecting aortic aneurysm
Faul, Henry J. (M)	68	Apr. 1	Evansville	Myocardial infarction
Linowiecki, Anthony J.	84	Apr. 2	Michigan City	Arteriosclerotic heart disease
Renbarger, Lester L. (M)	61	Apr. 2	Marion	Acute infarction of brain stem
Griffith, James W. (S)	78	Apr. 12	Sheridan	Arteriosclerotic heart disease
Tharpe, Ray G. (M)	68	Apr. 14	Indianapolis	Cardiorespiratory collapse
Eastman, Joseph R., Jr. (M)	59	Apr. 20	Indianapolis	Pneumonia; normal pressure hydrocephalus with dementia
Stinson, Dean K. (M)	68	Apr. 20	Rochester	Congestive heart failure
Rafalski, Thomas A. (M)	48	Apr. 25	Indianapolis	Auto accident
Irish, Wilbur J. (R)	67	May 15	Porter	Cardiovascular collapse; hypostatic pneumonia
Bartle, James L. (M)	71	May 18	Indianapolis	Cerebral infarction
Cates, Jeryl R. (M)	38	May 18	Indianapolis	Carcinoma of colon
Kelly, William R. (R)	78	May 20	Elkhart	Ventricular fibrillation; anterior myocardial infarction
Flora, Frederick W. (M)	48	May 24	Frankfort	Plane crash
Stern, Samuel Lewis (S)	72	May 26	Hammond (formerly)	
Records, Arthur W. (S)	77	May 31	Franklin	Ventricular fibrillation
Hardigg, Jack B.	30	June 2	Indianapolis	Ventricular fibrillation
Heilman, William C., Sr. (S)	85	June 3	New Castle	Pulmonary embolus
Davis, Merrill S. (S)	84	June 5	Marion	Cardiac arrest
Harding, Myron S. (S)	77	June 9	Indianapolis	Stroke
Olcott, Charles W. (S)	71	June 14	Aurora	Carcinoma of the colon
Rang, Arthur A. (S)	86	June 15	Washington	Acute myocardial infarction
Pike, Warren H., Jr. (M)	55	June 21	Hobart	Advanced pulmonary fibrosis

Kurtz, Fred B. (S)	94	June 24	Indianapolis	Cerebral vascular thrombosis
Ockerman, Kenneth R. (M)	59	July 9	Rensselaer	Emphysema
Navin, Hugh K. (S)	72	July 13	Fortville	Acute myocardial infarction
Huber, Carl P. (S)	71	July 10	Indianapolis	Stroke
Tinsley, Walter B. (S)	86	July 15	Indianapolis	Myocarditis of senescence
Kruse, Walter E. (S)	78	July 20	Fort Wayne	Pneumonia
Bayley, William E. (S)	72	July 27	Lafayette	Rupture of aortic aneurysm
Michael, Amos C. (M)	73	Aug. 3	Indianapolis	Bronchogenic carcinoma of the lung with metastases
Kinneman, Robert E. (M)	70	Aug. 14	Greenfield	Coronary artery disease
Arbogast, Paul B. (M)	68	Aug. 18	Vincennes	Cerebral anoxia
Gustaitis, John W., Sr.	59	Aug. 21	Whiting	
Lingeman, Byron N.	80	Sept. 4	Crawfordsville	Bilateral pneumonia
Kurtz, William A. (M)	57	Sept. 6	Tipton	Gram negative sepsis; severe hepatic failure
Gaton-Arce, Jose Jordi (M)	48	Sept. 7	Milan	Cardiac arrest
Maurer, James Frank (S)	71	Sept. 13	Brazil	Cerebrovascular accident
Kennedy, Myron S. (M)	43	Sept. 21	Goshen	Intracranial hemorrhage; astrocytoma
Stout, Richard B. (M)	72	Sept. 23	Elkhart	Myocardial infarction; generalized arteriosclerosis
Neidballa, Edward G. (M)	67	Sept. 23	Bristol	Bilateral gangrene of legs, aortic occlusion
Dietl, Ernest L. (M)	65	Sept. 25	South Bend	Cardiac arrhythmia
Shields, Tom S. (M)	59	Oct. 1	Richmond	Oat cell carcinoma of lung
Iterman, George E. (S)	85	Oct. 5	New Castle	Cerebrovascular accident
McKeen, Charles L. (M)	53	Oct. 6	Bloomington	Coronary occlusion
Murray, Dwight H. (H)	86	Oct. 7	Napa, Calif.	Carcinoma of urinary bladder
Scherschel, John P. (M)	59	Oct. 16	Bedford	Acute coronary thrombosis
Stout, Francis E. (M)	54	Oct. 20	Muncie	
Oatman, Jack G. (M)	64	Oct. 21	Fort Wayne	Cerebrovascular accident
McGrath, Michael F. (M)	53	Oct. 24	Indianapolis	Coronary occlusion
Watson, Ernest H.	71	Oct. 25	Evansville	Cardiac arrest; acute myocardial infarction
Larrabee, James F. (M)	59	Oct. 27	Munster	Carcinomatosis from carcinoma of lung
Mentendiek, Maurice H. (M)	68	Oct. 28	Indianapolis	Ventricular arrhythmia
Anderson, James W. (M)	68	Nov. 4	Indianapolis	Cardiopulmonary arrest; hepatic coma
Richter, Samuel (M)	60	Nov. 17	Merrillville	Generalized metastatic carcinoma
Hopkins, Lester H. (M)	76	Nov. 21	Versailles	Cerebral thrombosis
Gabe, William E. (R)	81	Dec. 16	Indianapolis	
Cameron, Don F. (S)	85	Dec. 18	Angola	Cardiac failure

Presidents of ISMA Since Its Organization

Medical Convention	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	
*John Moffett (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1967	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
*Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
*Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951
*J. William Wright, Indianapolis	1950	1952
*Paul D. Crimm, Evansville	1951	1953
*Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
*Walter U. Kennedy, New Castle	1954	1956
*Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock, Fort Wayne	1961	1963
Donald E. Wood, Indianapolis	1962	1964
Joseph M. Black, Seymour	1963	1965
*Kenneth O. Neumann, Lafayette	1964	1966
Eugene S. Rifner, Van Buren	1965	1967
*G. O. Larson, LaPorte	1966	1968
Patrick J. V. Corcoran, Evansville	1967	1969
Lowell H. Steen, Hammond	1968	1970
Malcolm O. Scamahorn, Pittsboro	1969	1971
Peter R. Petrich, Attica	1970	1972
James H. Gosman, Indianapolis	1971	1973
Joe Dukes, Dugger	1971	1974

*Deceased.

COMMERCIAL ANNOUNCEMENTS

PHYSICIANS OPENINGS IN INDIANA REHABILITATION SERVICES

The Indiana Rehabilitation Services has openings for physicians in its various divisions. Interested persons should contact Dr. Walter E. Deacon, Room #1028 Illinois Building, Indianapolis, Indiana. Telephone (317) 633-5827.

20,000 sq. ft. Medical and Professional Building to be located four miles west of Indianapolis in Avon, Indiana. Avon is the center of population in Hendricks County, situated between three of the fastest growing communities in Indiana: Brownsburg, Danville, and Plainfield. Over 13,000 sq. ft. leased to physicians and related areas. Also, small office space with secretarial answering service available. Occupancy January, 1976. Write or call: Eric Clark, M.D., P.O. Box 204, Plainfield, Ind. 46168 — 317-839-3374.

AVAILABLE FOR ONE or possibly two physicians in an equipped office with four examining rooms, shared waiting room, county seat town 22,000, 140-bed hospital with good X-ray, Laboratory, O.B. and Surgical Facilities—Contact R.J. Morrical, Fifth St., Logansport, Ind. Ph 219-753-4837.

GENERAL SURGEON wants to relocate in Indiana; prefers small community and solo practice; many years experience; good references. Box 401, THE JOURNAL, 3935 N. Meridian St., Indianapolis 46208.

POSITION DESIRED

Physician's Assistant student who will graduate Aug. 16, 1975, from I.U. program requests communication with potential employer interested in serving as preceptor for last months of clinical training. Contact Samuel G. Shorter, 256 Washington Center Road, Apt. D, Fort Wayne 46825; telephone 219-483-3516.

EMERGENCY DEPARTMENT RESIDENCY—JULY 1, 1975. Medical College of Ohio at Toledo, Toledo, Ohio, is taking applications for 2 to 3-year training program. The program includes Medical College Hospital, Mercy and Toledo Hospitals. Wide experience in emergency departments, intensive care units, surgery, orthopedics, pediatrics, cardiac care, trauma, psychiatry, and electives. A comprehensive conference program exists. Apply to John M. Howard, M.D., Medical College of Ohio, P.O. Box 6190, Toledo, Ohio 43614. (419) 385-4661.

PURDUE DEFIBRILLATION CONFERENCE

The Biomedical Engineering Center of Purdue University will hold a conference in Lafayette, Indiana, from October 1 to 3, 1975, covering the practical and clinical aspects of cardiac defibrillation. The speakers have been selected based upon their positions as leaders in their respective fields. The topics to be discussed include clinical, basic science, and engineering aspects of electrical defibrillation as it pertains to the needs of physicians, nurses, emergency medical personnel, hospital engineers, equipment manufacturers, and research scientists. The state-of-the art of defibrillation techniques will be presented and examined critically and a major goal of this three-day conference will be to integrate all available technology for optimization of ventricular defibrillation. The registration fee of $95 includes proceedings and two luncheons.

For further information, please Write: Division of Conferences and Continuation Services, Stewart Center, Purdue University, West Lafayette, Indiana 47907; or Phone: (Area Code 317) 749-2533

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EXCELLENT OPPORTUNITY and environment. Physician needed to practice general medicine in large outpatient clinic and 38-bed fully accredited hospital. Must possess empathy toward college age population. Salary negotiable, excellent fringe benefits. Contact L. W. Combs, M.D., Purdue Student Hospital, West Lafayette, Indiana; (317) 749-2441.

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Indiana State Medical Association

and

Woman's Auxiliary

June 1975
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TRUSTEE DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of April 1, 1975.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to the Membership Department, ISMA, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

The information on specialties came from the 1973 AMA Directory (latest available issue) and from directory cards which have been returned to the ISMA office. See page 44/536 for explanation of medical specialties.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, beginning on page 45/537.

Name	City	County
	A	
Aaron, Baruch M.	Crown Point	Lake
Abeleda, Lamberto V.	Shelbyville	Shelby
Abell, Charles F.	Marion	Grant
Abell, Wm. A.	Anderson	Madison
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acosta, Amador A.	Gary	Lake
Acosta, Antonio F.	Gary	Lake
Adad, Wahbi	East Chicago	Lake
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, William B.	Muncie	Delaware-Blackford
Addis, Howard M.	Mishawaka	St. Joseph
Addleman, Robert H.	Brownsburg	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adeva, Delores	Westville	La Porte
Adkins, Harold C. (S)	Indianapolis	Marion
Adler, Alan J.	Kokomo	Howard
Adler, Fred	Munster	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Adorable, Benedicto	Madison	Jefferson-Switzerland
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Ahearn, Daniel J.	Indianapolis	Marion
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahler, Kenneth J.	Rensselaer	Jasper
Ahmad, Waheed	New Albany	Floyd
Ahn, Kyung J.	Highland	Lake
Ahuja, Girdhar L.	Indianapolis	Marion
Aigotti, Ronald E.	South Bend	St. Joseph
Aiken, Arthur F.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Akin, Emel B.	Evansville	Vanderburgh
Akin, Nevzat	Evansville	Vanderburgh
Alarcon, Arcadio M.	Martinsville	Morgan
Albertson, Frank P. (S)	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, David D.	Lafayette	Tippecanoe
Aldrich, Howard (S)	Indianapolis	Marion
Alexander, Alan A.	Lafayette	Tippecanoe
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, Stephen J.	Crawfordsville	Montgomery
Alexandrescu, Gheorghe	Clinton	Parke-Vermillion
Alfano, Paul A.	Gary	Lake
Alig, Howard M.	Beech Grove	Marion
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, Donald Ray	Evansville	Vanderburgh
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Almase, Rodolfo M.	Hobart	Lake
Alstott, David F.	Lafayette	Tippecanoe
Altier, William H.	Lafayette	Benton
Aluning, Pastor D. Jr.	Rochester	Fulton
Alvarez, Paul	Merrillville	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion

Name	City	County
Alvis, Edmond O. (S)	Indianapolis	Marion
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake
Amico, Pasquale J.	Merrillville	Lake
Amini, Sohrab	Huntingburg	Dubois
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, John B.	Vincennes	Knox
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Walter C. (S)	Terre Haute	Vigo
Anderson, Wm. R.	Bloomington	Owen-Monroe
Anderson, William S.	Anderson	Madison
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, Frederick B.	Columbus	Bartholomew-Brown
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Armando E.	Connersville	Fayette-Franklin
Ang, Domingo Lim	Richmond	Wayne-Union
Ang, Rosa Uy Tan	Richmond	Wayne-Union
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Apellido, Liberacion L.	Hammond	Lake
Appel, Richard H. (S)	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L. (S)	Indianapolis	Marion
Arbuckle, William E. (S)	Indianapolis	Marion
Archangel, Cesar	Jeffersonville	Clark
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Oaklandon	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armington, Charles L. (S)	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	LaPorte
Arney, Amos	Michigan City	LaPorte
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Anthony J.	Greenwood	Marion
Arnold, Robert D.	Indianapolis	Marion
Aron, Titu	East Chicago	Lake
Aronoff, Michael S.	Bloomington	Marion
Aronson, Sidney S. (S)	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Arroyo, Sylvia	Evansville	Vanderburgh
Artis, Myrle E.	Kokomo	Howard
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Assue, Clare M.	Indianapolis	Marion
Athar, Shahid	Indianapolis	Marion
Atkins, Clarence C. (S)	Greensburg	Rush
Atkins, Clayton	Greenwood	Marion
Atkins, Steven D.	Greenwood	Marion
Atwood, William H.	Elkhart	Elkhart
Atz, William A.	Beech Grove	Marion
Auburn, Richard P.	Munster	Lake
Auckley, James L.	Lafayette	Tippecanoe
Ault, Carl H.	Kokomo	Tippecanoe
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W. (S)	Marion	Grant
Azar, George A.	Valparaiso	Porter
B		
Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
Babcock, James L.	Brownsburg	Marion
Babcoke, Gary A.	Valparaiso	Porter
Bacala, Jesus	Scottsburg	Scott
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	LaPorte	LaPorte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	LaPorte	LaPorte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bader, Patricia	Bluffton	Wells
Bahler, Dean R.	Crawfordsville	Montgomery
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Lawrence S. (S)	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, Glenn D.	Evansville	Vanderburgh
Baird, M. Keith	Crawfordsville	Montgomery
Baird, Melvin S.	Indianapolis	Marion
Baisas, Wilfrido C.	Evansville	Vanderburgh
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glenn	Brownsburg	Hendricks
Baker, Herman M. (S)	Evansville	Vanderburgh
Baker, John C.	Indianapolis	Marion
Baker, John R.	W. Lafayette	Tippecanoe
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	LaPorte
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford

Name	City	County
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, W. Philip	Muncie	Delaware-Blackford
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Baltzer, Donald J.	Muncie	Delaware-Blackford
Baluyut, Amando L.	Peru	Miami
Banguis, Eliseo T.	Shelbyville	Shelby
Banguis, Lucia P.	Shelbyville	Shelby
Bankoff, Milton L.	Michigan City	LaPorte
Bannon, William G.	Terre Haute	Vigo
Baran, Charles	South Bend	St. Joseph
Barbee, John Y., Jr.	New Albany	Floyd
Barch, John W.	Fort Wayne	Allen
Bard, Frank B.	Crothersville	Jackson
Barnes, Gilbert H.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
Barrett, James W.	Washington	Daviess-Martin
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
Barros, Paul	Hobart	Porter
Barrow, John H.	Dale	Spencer
Barthelemy, Douge	Gary	Lake
Bartlett, Donald T.	Vincennes	Knox
Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
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Barton, Willoughby M. (S)	Centerville	Wayne-Union
Bartsch, Harvey L.	South Bend	St. Joseph
Bash, Stephen E.	Fort Wayne	Allen
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
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Batacan, George A.	Westville	LaPorte
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Bates, Laurence H.	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
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Battle, Frederick G.	Michigan City	LaPorte
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Bauman, Richard L.	Fort Wayne	Allen
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
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Baxter, Harry R.	Seymour	Jackson
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	New Albany	Floyd
Bayazit, Lutfi	Fort Wayne	Allen
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Beach, Robert R. (S)	Indianapolis	Marion
Beams, Ralph H.	Fort Wayne	Allen
Beams, Ronald N.	Indianapolis	Marion
Bean, Joseph S.	Logansport	Cass
Bean, Wm. J.	Marion	Grant
Beardsley, Frank A., Jr.	Frankfort	Clinton
Beaven, John B.	Jasper	Dubois
Beaver, Ernest R.	Rensselaer	Jasper
Beaver, Howard W.	Indianapolis	Marion
Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
Bechtold, Samuel E.	South Bend	St. Joseph
Beck, David C.	Lafayette	Tippecanoe
Beck, Evart M.	Indianapolis	Marion
Beck, Robert E.	Evansville	Vanderburgh
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Becker, Lowell E.	Fort Wayne	Allen
Becker, Samuel W.	Whiting	Lake
Beckes, Ellsworth W. (S)	Vincennes	Knox
Beckman, Arthur	Crown Point	Lake
Beconovich, Robert	Munster	Lake
Bedwell, Marion H. (S)	Sullivan	Sullivan
Beeler, Franklin K.	Anderson	Madison
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Beeler, Raymond C. (S)	Indianapolis	Marion
Beering, Steven C.	Indianapolis	Marion
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Begley, Joseph W., Jr.	Evansville	Vanderburgh
Behn, Walter M. (S)	St. Petersburg, Fla.	Lake
Behrend, Frank	Valparaiso	Porter
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Beights, Raymond S.	Fort Wayne	Allen
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Belcher, Alan D.	Marion	Grant
Bell, Horace D.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, Bruce H.	Indianapolis	Marion
Bendler, Carl H. (S)	Sanford, Fla.	Lake
Benedict, Harold G.	Anderson	Madison
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benjamin, Samson A.	Crawfordsville	Montgomery
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, Dick L.	Bedford	Lawrence
Bennett, Ivan F.	Indianapolis	Marion
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph

Name	City	County
Bennett, William S.	Indianapolis	Marion
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, James A.	Indianapolis	Marion
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Bergan, Joseph A.	Michigan City	LaPorte
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berker, Beddi S.	Evansville	Vanderburgh
Berkshire, Shaffer B., Jr.	Columbus	Bartholomew-Brown
Berkson, Myron E.	Michigan City	LaPorte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Merrillville	Lake
Berner, Herbert W.	Muncie	Delaware-Blackford
Berry, George F.	Evansville	Vanderburgh
Berry, Margaret	Indianapolis	Marion
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Bevers, Mark Mitchell	Seymour	Jackson
Bhagwandin, Harry O.	Indianapolis	Marion
Bibler, Lester D. (S)	Indianapolis	Marion
Bicalho, Jose F.	Merrillville	Lake
Bickers, Everett E.	Floyds Knobs	Floyd
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Biegel, Angenieta A.	Indianapolis	Marion
Bierman, Gilbert H.	Fort Wayne	Allen
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Bill, Robert O.	Indianapolis	Marion
Billena, Raymundo, Jr.	Gary	Lake
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Bilodeau, Richard G.	Noblesville	Hamilton
Bird, John J.	South Bend	St. Joseph
Bishop, Michael D.	Bloomington	Owen-Monroe
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, Gloria Anne	Indianapolis	Marion
Bixler, James A.	Fort Wayne	Allen
Bizal, John A.	Evansville	Vanderburgh
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Joseph M.	Seymour	Jackson
Black, M. James	Brownsburg	Hendricks
Black, Thomas H.	Greencastle	Putnam
Blackburn, Howard R.	Noblesville	Hamilton
Blackburn, Robert A.	Indianapolis	Marion
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Huntington	Huntington
Blaisdell, William F.	Seymour	Jackson
Blake, Albert L.	Indianapolis	Marion
Blanco, Ramon M.	Dyer	Lake
Blando, Uldarico	Gary	Porter
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Bleza, Maximo T.	Munster	Lake
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, Edward F.	Indianapolis	Marion
Bloemker, William K.	Martinsville	Morgan
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W. (S)	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blue, Earl Robert	Kokomo	Howard
Blum, Leon L.	Terre Haute	Vigo
Blythe, Jerry E.	Indianapolis	Marion
Boaz, William D.	Wabash	Wabash
Bobb, Kenneth E.	Seymour	Jackson
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Boen, Bradley N.	Terre Haute	Vigo
Boester, Jeffrey A.	Indianapolis	Marion
Bogan, William C.	South Bend	St. Joseph
Boggs, Eugene F. (S)	Indianapolis	Marion
Boha, Rudolf L.	Floyd Knobs	Floyd
Bohling, Jeffrey L.	Evansville	Vanderburgh
Bojrab, Louis D.	Carmel	Marion
Bolander, James E.	Fort Wayne	Allen
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Indianapolis	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen-Monroe
Bombar, Leslie E.	Munster	Lake
Bond, L. G.	Lafayette	Tippecanoe
Bond, Virginia	Indianapolis	Marion
Bond, William H.	Indianapolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh

Name	City	County
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R. (S)	Poseyville	Posey
Borges, Victor V. J.	Huntingburg	Dubois
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Bornstein, Herschel	Gary	Lake
Borromeo, V. J.	Crown Point	Lake
Bosch, Ralph	Seymour	Jackson
Bosler, Howard A. (S)	Goshen	Elkhart
Bosley, Roger E.	Lafayette	Tippecanoe
Bossard, John W.	Fort Wayne	Allen
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Botkin, James E.	Marion	Grant
Bougher, Gerald R.	Monticello	White
Bourke, William W. (S)	Marion	Grant
Bourland, Barbara J.	W. Lafayette	Tippecanoe
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C. (S)	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowman, Chas. N.	Albion	Noble
Bowman, John	Kokomo	Howard
Bowman, Leon W.	New Albany	Floyd
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A. (S)	Indianapolis	Marion
Boyer, Grace B. (S)	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F. (S)	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bracey, A. H.	Lafayette	Tippecanoe
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West Lafayette	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brakel, Frank J.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandes, David C.	Marion	Grant
Brandman, Harry (S)	Galesburg, Ill.	St. Joseph
Brandt, William E.	Fort Wayne	Allen
Brantly, James M.	Indianapolis	Marion
Brasovan, Srbislav	Merrillville	Lake
Brauer, Abraham A. (S)	Griffith	Lake
Braun, Stephen E.	Muncie	Vanderburgh
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Breitweiser, Thomas D.	Madison	Jefferson-Switzerland
Bremer, Winhdam	Michigan City	La Porte
Brennan, Bess B.	Munster	Lake
Brennan, Thomas F.	Lafayette	Tippecanoe
Brennan, William C.	Highland	Lake
Brenner, Howard B.	Munster	Lake
Brenner, Hugo	Williamsport	Fountain-Warren
Brewer, David H.	Columbus	Bartholomew-Brown
Brewer, Robert A.	Logansport	Cass
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph B.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Merrillville	Lake
Brissenden, R. B., III	Indianapolis	Marion
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Brodersen, James D.	Munster	Lake
Brogan, Thomas M.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Bronson, Paul J. (S)	Terre Haute	Vigo
Brooks, Fred R., Jr.	Indianapolis	Marion
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brown, Archie E.	St. Petersburg Beach Fla.	Marion
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James R.	Valparaiso	Porter
Brown, John S. (S)	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd

Name	City	County
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Merrillville	Lake
Brown, Marcel S.	Haines City, Fla.	Owen-Monroe
Brown, Raymond Lee	Evansville	Vanderburgh
Brown, Richard J.	Kokomo	Howard
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion
Browning, Charles A.	Richmond	Wayne-Union
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S. (S)	Ruskin, Fla.	Huntington
Brubaker, Thomas A.	Muncie	Lake
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Brueggemann, Walter G.	Columbus	Bartholomew-Brown
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Brundick, Edward L.	Evansville	Vanderburgh
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G., Jr.	East Chicago	Lake
Bucholz, James G.	Fort Wayne	Allen
Buchman, Marshall H.	New Albany	Floyd
Buck, Richard C.	South Bend	St. Joseph
Buck, Rodger L.	Spencer	Owen-Monroe
Buckel, Larry J.	Beech Grove	Marion
Buckingham, R. E.	Bloomington	Owen-Monroe
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buechler, William F.	Elwood	Madison
Buechner, Frederick W. (S)	South Bend	St. Joseph
Buehl, Frederick H.	Vincennes	Knox
Buehl, Isabelle A.	Greenwood	Marion
Buehler, George M.	Jeffersonville	Clark
Buehner, Donald C.	Evansville	Vanderburgh
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bueser, Rudsen M.	Vincennes	Knox
Bullard, Harlan R.	Lafayette	Tippecanoe
Bullard, J. Roger	Indianapolis	Marion
Bullers, Robert C.	Franklin	Johnson
Bullington, George F.	Franklin	Johnson
Bundy, Vernon	New Albany	Floyd
Bunker, Ladoska Z. (S)	North Manchester	Wabash
Buntin, Presley T.	Kokomo	Marion
Burcham, James B. (S)	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnett, Arthur B. (S)	New Castle	Henry
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, Anthony	Muncie	Delaware-Blackford
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burst, Stephen J.	Lawrenceburg	Dearborn-Ohio
Burt, Michael	Indianapolis	Marion
Burton, Robt. L.	Gary	Lake
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Frankfort	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Bush, Robert	Columbus	Bartholomew-Brown
Butler, John O.	Indianapolis	Marion
Butler, Richard M.	Richmond	Wayne-Union
Butterworth, Joseph C.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Clarksville	Delaware-Blackford
Buyer, Richard	Merrillville	Lake
Byler, John J.	South Bend	St. Joseph
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrn, James R.	Muncie	Delaware-Blackford
Byrne, David A.	Bloomington	Owen-Monroe
Byrne, Robert J.	Bicknell	Knox

C

Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, Juan C.	Evansville	Vanderburgh
Cabrera, Pelayo B.	Crown Point	Lake
Cadiente, Samson S.	Indianapolis	Marion
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cain, David R.	New Castle	Henry
CaJacob, Melville E. (S)	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Calland, Sabra Wetzler	Indianapolis	Marion
Calli, Louis J.	N. Vernon	Jennings
Calli, Louis J., Jr.	N. Vernon	Jennings

Name	City	County
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Camacho, Ernesto M.	Chandler	Warrick
Camarata, James C.	Marion	Grant
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Cannon, Daniel H.	New Albany	Floyd
Cannon, David R.	Jeffersonville	Clark
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caputi, Saverio, Jr.	Indianapolis	Marion
Carberry, George A.	Merrillville	Lake
Card, William H.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake
Carlson, Milton R.	Carmel	Marion
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, William B.	Fort Wayne	Allen
Carrel, Francis E.	Monticello	Tippecanoe
Carroll, Bertha Rose (S)	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Richard C.	Anderson	Madison
Carter, Arnold L.	Del Mar, Calif.	Delaware-Blackford
Carter, Charles B.	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	Jensen Beach, Fla.	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, J. Vernal (S)	South Bend	St. Joseph
Cassady, James E.	Carmel	Marion
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart
Cast, William R.	Fort Wayne	Allen
Castro, Ignacio B., Jr.	Scottsburg	Scott
Castueras, Flor T.	Salem	Washington
Cato, Allen E.	Evansville	Vanderburgh
Cattell, Lee M.	Indianapolis	Marion
Caudill, Rodney C.	Yorktown	Delaware-Blackford
Cavins, A. W. (S)	Terre Haute	Vigo
Cavins, John A.	Indianapolis	Marion
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D. (S)	Bluffton	Wells
Caylor, Truman E. (S)	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Chael, Thomas C.	Munster	Lake
Challman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Donald C.	Fort Wayne	Allen
Chambers, Leroy B. (S)	Union City	Randolph
Chamblee, Roland W.	South Bend	St. Joseph
Chandler, James D.	Avilla	Noble
Chandler, Leon H., Jr.	Goshen	Marion
Chaney, Robert D.	Marion	Grant
Chapman, William E.	Indianapolis	Marion
Chappel, Alfred T.	Franklin	Johnson
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, Vance J.	Washington	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Chen, Tzeng Chih	Evansville	Vanderburgh
Cheng, Sylvia F.	Walton	Cass
Chernish, Stanley M.	Indianapolis	Marion
Cheung, Amy A.	Indianapolis	Marion
Chevalier, Robert B.	Beech Grove	Marion
Chip, Jerald N.	Merrillville	Lake
Chiu, F. Luke	Franklin	Johnson
Chivapruk, Charat	Crown Point	Lake
Chivington, P. V. Jr.	Indianapolis	Marion
Cho, Hun-Koo	South Bend	St. Joseph
Cho, Suk-In	Munster	Lake
Choi, Stephen S.	Kokomo	Howard
Choslovsky, Sydney	Gary	Lake
Christensen, C. N.	Indianapolis	Marion
Christie, Marvin C.	Indianapolis	Marion
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chua, Farida I.	Gary	Lake
Chua, Felipe S.	Munster	Lake
Chua, Gonzalo I.	Beech Grove	Marion
Chube, David D.	Gary	Lake
Chy-Koa, Leticia K.	Munster	Lake
Clark, Charles M., Jr.	Indianapolis	Marion
Clark, Edward E.	Indianapolis	Marion
Clark, Eric D.	Plainfield	Hendricks
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion

Name	City	County
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R.	Fort Wayne	Allen
Clark, William R., Jr.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Claro, Joseph J.	Whiting	Lake
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clemente, Jose P.	Richmond	Wayne-Union
Clevinger, William G.	Kokomo	Howard
Cline, Charles T.	Lafayette	Tippecanoe
Cline, Donald L.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Clouse, John F.	Muncie	Delaware-Blackford
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Clutter, David R.	Indianapolis	Marion
Cobb, Clarence M.	Indianapolis	Marion
Cobb, Donald P.	Evansville	Vanderburgh
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cockerill, Edward M.	Indianapolis	Marion
Coddens, Avery L.	Fowler	Benton
Coffel, Melvin H.	Vincennes	Knox
Cofield, Donald D.	Bloomington	Owen-Monroe
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Hyman L.	Gary	Porter
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	West Lafayette	Tippecanoe
Cole, Larry G.	Yorktown	Delaware-Blackford
Coleman, Floyd B.	Waterloo	DeKalb
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, John B.	Elkhart	Elkhart
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Bloomfield	Vanderburgh
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, R. L. (S)	South Bend	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Conroy, Michael D.	South Bend	St. Joseph
Constan, Evan	Westville	LaPorte
Conway, Chester C. (S)	Indianapolis	Marion
Conway, Glenn (S)	Indianapolis	Marion
Conway, Louis W.	Lafayette	Tippecanoe
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Ian H.	South Africa	Allen
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cook, Thomas	Evansville	Vanderburgh
Cooke, John V.	Richmond	Wayne-Union
Cookson, Lawrence U.	Indianapolis	Marion
Cooley, Paul P.	Yorktown	Delaware-Blackford
Cooney, Charles J. (S)	Fort Wayne	Allen
Coons, Frederick W.	Bloomington	Owen-Monroe
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Allen
Cooper, Daniel F.	Indianapolis	Marion
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, John Irwin	Madison	Jefferson-Switzerland
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cooper, Wm. Earl	Columbus	Bartholomew-Brown
Cope, Stanton E.	Huntington	Huntington
Copeland, L. Ross	Greensburg	Decatur
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cordano, Angel	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Corpe, Kenneth F.	Rushville	Rush
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen
Coughenour, J. Robert	Indianapolis	Marion
Coulon, Thomas F.	Muncie	Delaware-Blackford
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M. (S)	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Covington, Constance	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, Larry	Evansville	Vanderburgh
Cox, Leon T. (S)	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Clarks Hill	Tippecanoe

Name	City	County
Crabbe-Forbes, Violet	Wolcott	White
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crane, David G.	Bloomington	Owen-Monroe
Crates, Gordon C.	Denver	Miami
Cravens, Frederick A.	Indianapolis	Marion
Cravens, Robert E.	Indianapolis	Marion
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Creek, Jean Arthur	Bloomington	Owen-Monroe
Cripe, Earl P.	Bremen	Elkhart
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Bloomington	Owen-Monroe
Cronin, H. Joseph	Indianapolis	Marion
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crowder, James H. (S)	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Csicsko, John Francis	Indianapolis	Marion
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Clyde G.	Indianapolis	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E. (S)	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cummins, Douglas F.	Indianapolis	Marion
Cummins, Larry E.	Fort Wayne	Allen
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T. (S)	Muncie	Delaware-Blackford
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

D

Name	City	County
Dacquisto, Michael P.	Warsaw	Kosciusko
Daftary, A. A.	Batesville	Ripley
Daggy, James R.	Richmond	Wayne-Union
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Daly, Joseph M.	Indianapolis	Marion
Daly, Walter J.	Indianapolis	Marion
Dancel, Manuel T.	Scottsburg	Scott
Daniel, Gerold O.	Anderson	Madison
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Daquisto, Michael P.	Warsaw	Koscinsko
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Darnell, Jeffrey C.	Indianapolis	Marion
Darroca, Wm. C.	Richmond	Wayne-Union
Darrow, Gregory L.	Terre Haute	Vigo
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	LaPorte	LaPorte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Daugherty, William L.	Hutsonville, Ill.	Sullivan
Dauscher, Dean D.	Fort Wayne	Allen
David, Delfin P.	Kokomo	Howard
Davidson, Charles O.	Gary	Lake
Davidson, Harold H.	Evansville	Vanderburgh
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R. (S)	Columbus	Bartholomew-Brown
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Day, William D. C. (S)	Seymour	Jackson
Dayson, Louie O.	Vincennes	Knox
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Dean, Frederick K.	South Bend	St. Joseph
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M. (S)	Indianapolis	Marion
DeArmond, Murray (S)	Indianapolis	Marion
DeBrota, John, Jr.	Indianapolis	Marion
Deen, Christopher	Merrillville	Lake
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
Dehner, John R.	Tucson, Ariz.	Wayne-Union
DeJesus, Jose R., Jr.	Plymouth	Marshall
De Innocentes, Louis W.	Logansport	Cass
Deitch, Robert D.	Beech Grove	Marion
Deitsch, Howard	Richmond	Wayne-Union
de la Cotera, Frederick G.	Munster	Lake

Name	City	County
De La Paz, Oscar H.	Merrillville	Lake
De Leon, Edilberto S.	Peru	Miami
Del Rosario, Pedro G.	Rochester	Fulton
DeMelo, Luiz P.	Merrillville	Lake
DeMotte, C. Bowen (S)	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Dennison, Kumpol	Merrillville	Lake
Denny, Forrest L.	Indianapolis	Marion
Denny, James W. (S)	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
Deogracias, Monica D.	Indianapolis	Marion
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L. (S)	Brookston	Tippecanoe
DeRosa, G. Paul	Indianapolis	Marion
Dersch, David M.	Muncie	Delaware-Blackford
Deschamps, D. J.	Gary	Lake
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Fort Knox, Ky.	Marion
Deupree, William D.	Shelbyville	Shelby
Deur, Julius J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
Dew, D. C.	Elkhart	Elkhart
DeWees, Dwight L. (S)	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Dhana, Srikietr	Merrillville	Lake
Diamond, Jack L.	Evansville	Vanderburgh
Dian, August J.	Westville	LaPorte
Dick, William H.	Indianapolis	Marion
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Arizona City, Ariz.	La Porte
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E. (S)	Corydon	Harrison-Crawford
Dillon, Gary P.	Indianapolis	Marion
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F., Jr.	South Bend	St. Joseph
Dininger, William S. (S)	Winchester	Randolph
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Dizon, Belen R.	Hammond	Lake
Dizon, Gualberto R.	Munster	Lake
Dizon, R. H.	Lawrenceburg	Dearborn-Ohio
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U. (S)	Hartford City	Delaware-Blackford
Dodds, Wemple (S)	Crawfordsville	Montgomery
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Merrillville	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Domingo, Ricardo C.	Greensburg	Decatur
Donahue, Francis E.	Dublin	Henry
Donahue, George R. (S)	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Doneff, Ronald H.	Gary	Lake
Donesa, Antonio B.	Fort Wayne	Allen
Donnally, George A.	Geneva	Jay
Donnelly, Robert W.	Beech Grove	Marion
Donohue, John P.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dormire, Robert D.	Fort Wayne	Allen
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Anthony R.	Muncie	Delaware-Blackford
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Downs, Kenneth R.	Munster	Lake
Dragomer, Andrei S.	Munster	Lake
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C. (S)	Anderson	Madison
Drennen, Robert V.E.	Anderson	Madison
Drew, Daniel C.	Jasper	Dubois
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe

Name	City	County
DuBois, Charles C. (S)	Warsaw	Kosciusko
Dubois, Don R.	Indianapolis	Marion
Du Bois, Michael B.	Indianapolis	Marion
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dukes, Michael J.	Indianapolis	Sullivan
Dukes, Russell J.	Rochester, Minn.	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	East Chicago	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Danville	Hendricks
Dunfee, Thomas P.	South Bend	St. Joseph
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, H. C. (S)	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Jeffersonville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C. (S)	Bedford	Lawrence
Dutchman, William R.	Muncie	Delaware-Blackford
Dy, James T.	Portage	Porter
Dy, Juley T.	Portage	Porter
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, John K.	Fort Wayne	Allen
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
E		
Earl, Max M.	Kokomo	Howard
Earp, Evanson B. (S)	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J. (S)	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne (S)	Indianapolis	Marion
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, David J.	Indianapolis	Marion
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Joshua L.	Indianapolis	Marion
Edwards, Judith A.	Indianapolis	Marion
Edwards, Wendell L.	Indianapolis	Marion
Edwards, William A.	Plainfield	Hendricks
Edwards, William F. (S)	New Albany	Floyd
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Daleville	Delaware-Blackford
Eggers, Henry W. (S)	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Ehrlich, Clarence E.	Indianapolis	Marion
Eicher, Palmer O. (S)	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
El Issa, Sa'D	Terre Haute	Vigo
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Eller, Alvan L.	Flora	Carroll
Ellett, John, Jr.	Coatesville	Putnam
Elliott, Daniel R.	Indianapolis	Marion
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Thomas A.	Elkhart	Elkhart
Elliott, William C.	Indianapolis	Marion
Ellis, Charles R.	Bloomington	Owen-Monroe
Ellis, David Lee	Wabash	Wabash
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, Forrest D.	Indianapolis	Marion
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H. (S)	Lizton	Hendricks
Ellis, Seth W. (S)	Anderson	Madison
Ellis, William N.	Indianapolis	Marion
Elshout, Clem H.	La Porte	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W. (S)	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Louisville, Ky.	Clark
Emery, Charles B. (S)	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emkes, Bernard J.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Encinas, Senen J.	English	Dubois
Enderle, Frank J.	Terre Haute	Vigo
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh

Name	City	County
Engel, Howard R.	South Bend	St. Joseph
English, Hubert M. (S)	Hobart	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L. (S)	Dunkirk	Jay
Epps, James H.	Fort Wayne	Allen
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Ertan, Behic	Munster	Lake
Erwin, W. Robert	La Porte	La Porte
Erxleben, Walter O.	Bluffton	Wells
Eskew, Kenneth W.	Sullivan	Sullivan
Eskew, Philip N., Jr.	Carmel	Marion
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, O. Thomas	Evansville	Vanderburgh
Evans, Paul V.	Indianapolis	Marion
Evans, Raeburn M.	Indianapolis	Marion
Evens, Marvin A.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewer, Robert W.	Evansville	Vanderburgh
Ewing, Nathaniel D.	Vincennes	Knox

F

Fadul, Armand	Merrillville	Lake
Fahey, Philip J.	Fort Wayne	Allen
Failey, Robert B., Jr.	Indianapolis	Marion
Farag, Rafik S.	Peru	Miami
Farahmand, Firouz	Portage	Porter
Farid, Rahim S.	Brazil	Clay
Farinas, Cirilo	Hammond	Lake
Faris, James V.	Indianapolis	Marion
Farmer, Charles R.	Richmond	Wayne-Union
Farner, James E.	South Bend	St. Joseph
Farr, James C.	Bloomington	Owen-Monroe
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Indianapolis	Marion
Faulkner, Barbara E.	Connersville	Fayette-Franklin
Faulkner, Donald J.	Munster	Lake
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faustino, Carlos D.	Marion	Grant
Faw, Melvin L.	Evansville	Vanderburgh
Fear, Olan D.	Elkhart	Elkhart
Fechtman, William F.	Indianapolis	Marion
Feeney, Martin T.	Greenwood	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin	Munster	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Howard E.	Munster	Lake
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Felger, T. A.	Fort Wayne	Allen
Feliciano, Adoracion D.	Shelburn	Vigo
Feliciano, Macario G.	Terre Haute	Vigo
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Fenstermacher, Robert E.	Walkerton	St. Joseph
Ferguson, A. N. (S)	Walnut Creek, Calif.	Allen
Ferguson, James F. III	Bloomington	Owen-Monroe
Ferguson, Jeffrey H.	Indianapolis	Marion
Ferguson, Philip	Wabash	Wabash
Ferguson, Stephen C.	Evansville	Vanderburgh
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W. (S)	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferrara, Thomas A.	Indianapolis	Marion
Ferree, H. Lane	Indianapolis	Marion
Ferrell, Mars B.	Fortville	Madison
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Hammond	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Feuer, Henry	Indianapolis	Marion
Fiacable, Joseph P.	Fort Wayne	Allen
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Filipek, Walter J.	South Bend	St. Joseph
Filmer, Eleanor	Lafayette	Tippecanoe
Finfrock, James D.	Elkhart	Elkhart
Fink, James M.	South Bend	St. Joseph
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L. (S)	Fort Wayne	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Carlton R.	Indianapolis	Madison
Fischer, Warren E.	Anderson	Madison
Fiscus, Clifford Wm.	Indianapolis	Marion
Fish, Clyde M. (S)	Douglas, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fisher, Henry	Marion	Grant
Fisher, John E.	New Castle	Henry
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, T. Forrest	Gary	Lake
Fisher, Walter S. (S)	Columbus	Bartholomew-Brown
Fisher, William P.	Indianapolis	Marion
Fitzgerald, Edward B.	Indianapolis	Marion

Name	City	County
Fitzgerald, William J.	Indianapolis	Marion
Fitzkee, William E.	Albion	Noble
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Fitzsimmons, Samuel L.	Evansville	Vanderburgh
Flack, Russell A. (S)	Los Angeles, Calif.	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Sanibel, Fla.	Marion
Fleishman, Jay S.	Fort Wayne	Allen
Flora, Joseph O. (S)	Indianapolis	Marion
Florcruz, Arturo R.	Highland	Lake
Floyd, Malcolm S.	Vincennes	Knox
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Follis, C. Gene	Evansville	Vanderburgh
Foltz, Jack L.	Crawfordsville	Montgomery
Fong, Theodore C. C. (S)	Madison	Jefferson-Switzerland
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, John A.	Lafayette	Tippecanoe
Foster, Lee N.	Carmel	Marion
Foster, Lowell G.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K. (S)	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Fort Wayne	Allen
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	East Chicago	Lake
France, Lloyd C.	Plymouth	Marshall
Franco, James M.	Evansville	Vanderburgh
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall L., Jr.	South Bend	St. Joseph
Frankel, Gerald J.	Indianapolis	Marion
Franken, E. A., Jr.	Indianapolis	Marion
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine E.	Whiting	Lake
Franz, Sherman G.	Columbus	Bartholomew-Brown
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Frederick, Joseph A., Jr.	Logansport	Cass
Frederick, Terry L.	Columbus	Bartholomew-Brown
Free, Michael W.	Columbus	Bartholomew-Brown
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
French, Richard S.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Friend, George	South Bend	St. Joseph
Friesen, G. Weldon	Middlebury	Elkhart
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G. (S)	Granger	St. Joseph
Fritz, Walter	Knox	Starke
Froberg, Kim L.	Lafayette	Tippecanoe
Froberg, Linda K. S.	Lafayette	Tippecanoe
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Jeffersonville	Clark
Fundenberger, Martin	Indianapolis	Marion
Furman, Robert H.	Indianapolis	Marion
Furr, Jack D.	Hillsboro	Fountain-Warren
Furtado, Robert	Fort Wayne	Allen
Futterknecht, James O.	Elkhart	Elkhart

G

Gabato, Manuel B.	Crown Point	Lake
Gabovitch, Edward R.	Indianapolis	Marion
Gaboya, Ruben R.	Bunker Hill	Howard
Gabriel, Magdi	Mishawaka	St. Joseph
Gabrielsen, Ted H.	Greenfield	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gahimer, Joe E.	Anderson	Madison
Galante, Albert	Munster	Lake
Galante, Gloria	Munster	Lake
Galban, Eufrosina G.	Chicago, Ill.	Lake
Galinis, Algimantas J.	Michigan City	LaPorte
Gallagher, Daniel	Fort Wayne	Allen
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gallinatti, John J.	Merrillville	Lake
Galup, Luis N.	South Bend	St. Joseph
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown

Name	City	County
Ganaden, Eulogio V.	Indianapolis	Marion
Gangi, Nasser	Bloomington	Owen-Monroe
Gannon, Anthony	Franklin	Johnson
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Garcia, Manuel G.	Batesville	Ripley
Garcia, Tierry	Indianapolis	Marion
Gard, Daniel A.	Indianapolis	Marion
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, F. Buckman	Indianapolis	Marion
Gardner, Ian R.	South Bend	St. Joseph
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Norman D.	Indianapolis	Marion
Gardner, Russell A.	Michigan City	La Porte
Garfield, Martin D.	Indianapolis	Marion
Gargett, James M.	Marion	Grant
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J. (S)	Gas City	Grant
Gartner, Jose C.	Jasper	Dubois
Garton, Harry W. (S)	Mesa, Arizona	Allen
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gates, G. Gregory	Valparaiso	Porter
Gatmaitan, Alejandro V.	Knightstown	Henry
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward (S)	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehring, Thomas A.	Merrillville	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A. (S)	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Santa Barbara, Calif.	Marion
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gergesha, Edward A.	South Bend	St. Joseph
Gerig, Eldon L.	Mishawaka	St. Joseph
Geronimo, Jose	Santa Claus	Dubois
Gerrish, Donald A. (S)	Terre Haute	Vigo
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Miami Beach, Fla.	Lake
Gibbs, Joseph W.	Danville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine (S)	Indianapolis	Marion
Gibson, Milton E.	South Bend	St. Joseph
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gilbert, Alan R.	Fort Wayne	Allen
Gilbert, Robert G.	Cannelton	Perry
Gilkison, William M.	Indianapolis	Marion
Gill, Harbans S.	Cedar Lake	Lake
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R. (S)	Brownstown	Jackson
Gillespie, Jacob E.	Indianapolis	Marion
Gilliland, John E.	Franklin	Johnson
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	N. Miami Beach, Fla.	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Ginsherman, A. B.	New Albany	Floyd
Giorgio, Douglas J.	Evansville	Vanderburgh
Giragos, Henry G.	Hammond	Lake
Girgis, M. H.	Bedford	Lawrence
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Delphi	Tippecanoe
Given, Gilbert Z.	East Chicago	Lake
Gize, Raymond W.	Fort Wayne	Allen
Glackman, John C., Jr.	Rockport	Spencer
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Douglas E.	Marion	Grant
Glock, Hugh E.	Greencastle	Putnam
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, Wm. J.	Merrillville	Lake
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Godwin, Donald W.	Evansville	Vanderburgh
Goebel, Carl W.	Fort Wayne	Allen
Goel, Arun K.	Merrillville	Lake
Goel, Sarla	Merrillville	Lake
Goetcheus, A. Janelle	Upland	Grant
Gold, Marvin E.	Valparaiso	Porter
Goldberg, B. Richard	Marion	Grant
Goldberg, Harold B.	Gary	Lake
Golden, William Y.	Jeffersonville	Clark
Goldenberg, David B.	Indianapolis	Marion

Name	City	County
Golding, Robert F.	Merrillville	Lake
Goldsmith, David A.	Marion	Grant
Goldstein, Richard M.	Charlestown	Clark
Goldstone, Adolph	Gary	Lake
Goldstone, Joseph (S)	Hallandale, Fla.	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gomez, Cesar M.	Munster	Lake
Gonzales, Alfredo B.	Indianapolis	Marion
Gonzales, Sesinando A.	Highland	Lake
Gonzalez, Raul C.	Bedford	Lawrence
Good, Richard P. (S)	Kokomo	Howard
Goode, Robert	Knox	Starke
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, H. T. (S)	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodwin, Thomas G.	Merrillville	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, John M.	Lafayette	Tippecanoe
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Graber, Alvin R.	Nappanee	Elkhart
Graber, Benjamin R.	Waterloo	DeKalb
Graber, Martin J.	Beech Grove	Marion
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, H. P. (S)	Seymour	Jackson
Graf, Jerome A. (S)	Bloomfield	Greene
Graf, John P.	South Bend	St. Joseph
Graf, Russell E.	Bluffton	Wells
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Grainger, James L.	South Bend	St. Joseph
Granda, Armando B.	Kokomo	Howard
Grannemann, H. N.	Rolla, Mo.	Delaware-Blackford
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Madison	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Howard R.	Indianapolis	Marion
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, Stuart A.	Muncie	Delaware-Blackford
Gray, Wayne L.	Muncie	Delaware-Blackford
Gray, William J.	Anderson	Madison
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F. (S)	South Bend	St. Joseph
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greenberg, H. L.	Rensselaer	Jasper
Greene, Joe S.	Fort Wayne	Allen
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Jeffersonville	Clark
Greenlee, James R.	Bloomington	Owen-Monroe
Greenlee, Joseph A., Jr.	Carmel	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Greenwood, Charles W.	Columbus	Bartholomew-Brown
Gregoline, Eugene	Gary	Lake
Gregory, Robert L.	Indianapolis	Marion
Greider, Lester S.	Lafayette	Tippecanoe
Greisen, Jack C.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Noblesville	Marion
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griep, John A.	Indianapolis	Marion
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grisell, Ted W.	Carmel	Marion
Grorud, Alton C.	South Bend	St. Joseph
Grosfeld, Jay L.	Indianapolis	Marion
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Grove, Dean A.	Indianapolis	Marion
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guevara, Frenita B.	Marion	Grant

Name	City	County
Guevara, Teodoro G.	Marion	Grant
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Guinigundo, Noli C.	Brookville	Fayette-Franklin
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W., Jr.	Munster	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Crown Point	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Gutwein, Gilbert	Lafayette	Tippecanoe
Guzman, Marcelino F.	Morocco	Newton
Guzman, Morales	N. Vernon	Jennings
H		
Haas, Charles F.	Lafayette	Tippecanoe
Haas, Ray A.	Greenfield	Hancock
Habansky, Alan J.	Muncie	Delaware-Blackford
Habbe, Timothy A.	Bloomington	Owen-Monroe
Habegger, Elmer D.	Indianapolis	Marion
Habermel, John F.	New Albany	Floyd
Hachmeister, Charles W.	Evansville	Vanderburgh
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Haddad, Rolando	Jeffersonville	Clark
Haddawi, Rajih Y.	Bloomington	Owen-Monroe
Hadey, James H.	Merrillville	Lake
Hadidian, Henry A.	Hammond	Lake
Hadley, David	Indianapolis	Marion
Hadley, David M.	Plainfield	Hendricks
Haffner, Herman G. (S)	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Haggard, David B.	Plainfield	Hendricks
Haggerty, Fred E.	Greencastle	Putnam
Hakami, Mohamed T.	Huntingburg	Dubois
Halaby, Fouad A.	Fort Wayne	Allen
Halbrook, Harold G.	Indianapolis	Marion
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E. (S)	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J. (S)	Winamac	Pulaski
Haller, Richard C.	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halum, Ramon G., Jr.	Munster	Lake
Hamaker, Ronald C.	Carmel	Marion
Hamburger, Richard J.	Indianapolis	Marion
Hamer, John L.	Fort Wayne	LaGrange
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Springville	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	Hammond	Lake
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Crown Point	Lake
Han, Sang Ho	Munster	Lake
Hann, Eldon C.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hansell, Charles E.	Fort Wayne	Allen
Hansen, Nikolas F.	Valparaiso	Porter
Hanson, Martin F.	Elwood	Madison
Harcourt, Robert S.	Indianapolis	Marion
Harden, Murray E.	W. Lafayette	Tippecanoe
Hardin, Stephen Lee	Martinsville	Morgan
Hardin, Wayne E.	Ossian	Wells
Harding, John S.	South Bend	St. Joseph
Harding, M. Richard	Indianapolis	Marion
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Hargrove, Terry K.	Logansport	Cass
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harlowe, Stuart E.	New Albany	Floyd
Harmon, Carl J. (S)	Richmond	Wayne-Union
Harmon, Thomas	Evansville	Vanderburgh
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Carmel	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James J.	Fort Wayne	Allen
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Indianapolis	Marion
Harris, Robert L.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard

Name	City	County
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Hart, Robert B.	Columbus	Bartholomew-Brown
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	North Liberty	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Munster	Lake
Harvey, Harry C. (S)	Franklin	Allen
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, Clayton B. Jr.	Auburn	DeKalb
Hathaway, William H.	Auburn	DeKalb
Hattendorf, Anton P. (S)	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Russell E. (S)	Fort Wayne	Allen
Hawes, Marvin E.	Hope	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte
Hayes, Theodore R. (S)	Muncie	Delaware-Blackford
Hayes, Thomas P.	Evansville	Vanderburgh
Hayhurst, Thomas E.	Fort Wayne	Allen
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Hazelrigg, Donald E.	Houston, Texas	Marion
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Lafayette	Tippecanoe
Heck, Larry L.	Indianapolis	Marion
Heck, Martin C.	Jasper	Dubois
Heckaman, Edward L.	Richmond	Wayne-Union
Hedgcock, Robert A. (S)	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hegeman, Theodore F.	Carmel	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heideman, Harry D.	Jeffersonville	Clark
Heilman, Wm. C. Jr.	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heiser, Ervin W.	Elkhart	Elkhart
Held, George A.	Santa Claus	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, John F.	South Bend	St. Joseph
Helms, Charles E.	Munster	Lake
Helveston, Eugene M.	Indianapolis	Marion
Hemphill, Roger A.	Marion	Grant
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W. (S)	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Hennessee, Samuel D.	Carmel	Marion
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S. (S)	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hensley, Harry T.	Oaklandon	Hancock
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Herman, Daniel J.	Vincennes	Knox
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, I. C.	East Chicago	Lake
Herod, Gilbert T.	Indianapolis	Marion
Herrberg, Jerome E.	Columbus	Bartholomew-Brown
Herrell, Michael A.	Evansville	Vanderburgh
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Heymann, Robert L.	Washington	Daviess-Martin
Heyde, Edward L.	South Bend	St. Joseph
Hibbeln, Frederic P.	Indianapolis	Marion

Name	City	County
Hibbeln, Thomas J.	Danville	Hendricks
Hibbs, William G. (S)	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Nolan A.	Monticello	White
Hickman, Donald M.	Fort Wayne	Allen
Hicks, Murwyn L.	Indianapolis	Marion
Hicks, Thomas J.	Fort Wayne	Allen
Hieber, Frank R.	Munster	Lake
Higgins, James L.	Evansville	Vanderburgh
Higgins, Jack W.	Kokomo	Howard
Higgins, John R.	Floyds Knobs	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, James S.	Fort Wayne	Allen
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G. (S)	Cambridge City	Wayne-Union
Hill, Robert E. (S)	Yorktown	Delaware-Blackford
Hill, Theodore A.	Michigan City	La Porte
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W. (S)	Sarasota, Fla.	St. Joseph
Hilton, Frank L.	Evansville	Vanderburgh
Hilz, James M.	Indianapolis	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himler, James M. (S)	Indianapolis	Marion
Himmelsbach, Wm. A.	Elkhart	Elkhart
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines, John H.	Auburn	De Kalb
Hines, Kenneth E.	Sellersburg	Clark
Hinshaw, Michael A.	Richmond	Wayne-Union
Hippensteel, Harland	Auburn	De Kalb
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Dyer	Lake
Hitchcock, Larry G.	Indianapolis	Marion
Hitchcock, Philip D.	Evansville	Vanderburgh
Ho, Kai Chia	New Castle	Henry
Hobbs, Arthur A. (S)	Evansville	Vanderburgh
Hobbs, Hudner	Indianapolis	Marion
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian (S)	Logansport	Cass
Hodel, Harry L.	Indianapolis	Marion
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	La Porte
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Max N.	Covington	Fountain-Warren
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Michigan City	LaPorte
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Merrillville	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Plainfield	Bartholomew-Brown
Holdread, Jon W.	Columbus	Bartholomew-Brown
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Hollingsworth, Thomas H.	Muncie	Delaware-Blackford
Holloway, Richard J.	South Bend	St. Joseph
Holm, Byron M.	Plymouth	Marshall
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holtzclaw, David L.	Bloomington	Owen-Monroe
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Holwerda, Harry L.	DeMotte	Porter
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hood, Tony E.	Evansville	Vanderburgh
Hoog, John M.	Fort Wayne	Allen
Hooker, Donald J.	Ligonier	Noble
Hooker, Rex R.	Munster	Lake
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hornback, Ned B	Indianapolis	Marion
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horvath, John L. Jr.	W. Lafayette	Tippecanoe
Horwitz, Thomas	Indianapolis	Marion
Houck, Richard	Michigan City	LaPorte
Houser, D. Duane	Indianapolis	Marion
Houser, D. Stanley	South Bend	St. Joseph
Houser, Keim T.	South Bend	St. Joseph
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovanessian, Raffy A.	Merrillville	Lake
Hovda, Richard B.	Evansville	Vanderburgh
How, Louis E. (S)	Lakeville	St. Joseph
Howard, Joseph D.	Logansport	Cass
Howe, Fordyce L.	Fort Wayne	Allen

Name	City	County
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, Lester H.	Indianapolis	Marion
Htain, Min	Terre Haute	Vigo
Huang, Tsau-Yuen	Merrillville	Lake
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Richard G.	Bedford	Lawrence
Huckleberry, Irvin E. (S)	Salem	Washington
Huffman, Verlin P.	S. Whitley	Whitley
Huggins, Victor S.	Evansville	Vanderburgh
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L. (S)	Bethel Park, Pa.	Allen
Hung, Hing Yee	Terre Haute	Vigo
Hunsberger, Donald W.	Montpelier	Delaware-Blackford
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunt, James A.	Indianapolis	Marion
Hunteman, Roy K.	John's Island, S.C.	Marion
Hunter, Charles A., Jr.	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Huoni, John S. (S)	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B. (S)	Delray Beach, Fla.	Marion
Hurwitz, Robert M.	Indianapolis	Marion
Hurwitz, Roger A.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Hussey, Lawrence K.	Elkhart	Elkhart
Husted, Robert G.	Munster	Lake
Hutson, Richard A.	Indianapolis	Marion
Hyde, Carroll C. (S)	South Bend	St. Joseph
I		
Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	St. John	Lake
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B. (S)	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Lake Worth, Fl.	Shelby
Irick, Neil E.	Kapanga, Africa	Wells
Irigoyen, David E.	New Albany	Floyd
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Gerald P.	Alexandria	Madison
Irwin, Glenn W., Jr.	Indianapolis	Marion
Irwin, Richard S.	Roachdale	Hendricks
Isch, John H.	Indianapolis	Marion
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G. (S)	Indianapolis	Marion
Ivy, John H.	Elkhart	Elkhart
J		
Jackson, Dean B.	Angola	Steuben
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, John F.	Fort Wayne	Allen
Jackson, Kathryn A.	Zionsville	Boone
Jackson, Robert F.	Marion	Grant
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacobson, William	Lafayette	Tippecanoe
Jacqmain, Ralph J.	Vincennes	Knox
Jagger, Michael J.	Indianapolis	Marion
Jahns, Albin A.	Merrillville	Porter
James, Carroll F.	Hope	Bartholomew-Brown
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Jani, Natwerlal S.	Indianapolis	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jardine, Don R.	Indianapolis	Marion
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jarrett, Paul E.	Indianapolis	Marion
Jastremski, Chester	Bloomington	Owen-Monroe
Jay, Arthur C.	Parker	Delaware-Blackford
Jay, James M.	Indianapolis	Marion
Jean, Thomas A.	Morristown	Shelby
Jeans, Robert F.	Richmond	Wayne-Union
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jensen, Robert E.	Fort Wayne	Allen
Jesch, Doris	Marion	Grant
Jesseph, John E.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Feliciano	Highland	Lake
Jimenez, Pedro	Jeffersonville	Clark
Jinnings, Loren E. (S)	Auburn	DeKalb
Jobes, James E. (S)	Indianapolis	Marion
John, Maurice E.	Louisville, Ky.	Clark
Johnloz, David K.	Bloomington	Owen-Monroe
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Darryl L.	Kokomo	Howard
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union

Name	City	County
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, John C.	Greencastle	Putnam
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Philip J.	Fort Wayne	Allen
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Ronald M.	Sullivan	Sullivan
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, Wallace D.	Bedford	Lawrence
Johnson, William A.	North Vernon	Jennings
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, R. L. (S)	Melbourne, Fla.	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jolly, Walter W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David H.	Charleston	Clark
Jones, David M.	West Lafayette	Tippecanoe
Jones, F. Haven	Indianapolis	Marion
Jones, Francis P.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, J. Carl	Logansport	Cass
Jones, John D.	Anderson	Madison
Jones, King S. (S)	Michigan City	LaPorte
Jones, Randolph W.	Indianapolis	Marion
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	Cincinnati	Floyd
Jones, William H.	Martinsville	Morgan
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Beech Grove	Marion
Josephson, David A.	Indianapolis	Marion
Joshi, Prakash N.	Marion	Grant
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen

K

Kabel, Robert N.	Terre Haute	Vigo
Kaderabek, Donal J.	Bedford	Lawrence
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kammeyer, Wm. A.	Fort Wayne	Allen
Kandul, Thomas S., Jr.	Evansville	Vanderburgh
Kantzer, Floyd B. (S)	Albuquerque, N. Mexico	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen
Karsell, William A.	Carmel	Marion
Kasting, Gerald E.	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Alan J.	Hammond	Lake
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	Huntington	Huntington
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton Allen	Fort Wayne	Allen
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keener, Gerald T.	Indianapolis	Marion
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Kelley, Jack L.	Lafayette	Tippecanoe
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kelsey, Robert M., Jr.	La Porte	La Porte
Kemker, Bernard	Jasper	Dubois
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Spring Valley Ohio	Parke-Vermillion
Kempler, Norman A.	Fort Wayne	Allen
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Carmel	Marion
Kendrick, Frank J. (S)	Goshen	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Kepler, R. W.	LaPorte	La Porte
Keplinger, James E.	Lafayette	Tippecanoe
Kepner, Robert S.	Anderson	Madison
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kernek, Clyde B.	Indianapolis	Marion
Kerner, Donald J.	Indianapolis	Marion

Name	City	County
Kerr, Donald M.	Bedford	Lawrence
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Kesim, Mufit H.	Elkhart	Elkhart
Kessler, Robert B.	Evansville	Vanderburgh
Kettelkamp, Donald B.	Indianapolis	Marion
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Khaton, Odessa M.	Gary	Lake
Kho, Eusebio	Scottsburg	Scott
Kidder, Orva Thurl (S)	Wolcottville	Allen
Kilgore, Byron W.	Ft. Wayne	Allen
Killen, Larry R.	Indianapolis	Marion
Kilmer, Warren L.	Portage	Porter
Kim, Bum Joo	South Bend	St. Joseph
Kim, C. B.	Columbus	Bartholomew-Brown
Kim, I. H.	Warsaw	Kosciusko
Kim, Joon S.	La Porte	La Porte
Kim, Kil Chol	Indianapolis	Marion
Kim, Sung Soo	Fort Wayne	Allen
Kim, Theodore H.	Lafayette	Tippecanoe
Kim, Young D. (S)	Seattle, Wash.	Marion
Kim, Young Rock	Merrillville	Lake
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, George E.	Evansville	Vanderburgh
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kinasiewicz, Leon E.	Crown Point	Lake
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, H. D. (S)	New Richmond	Montgomery
King, Charles R.	Anderson	Madison
King, Frank K.	Kokomo	Howard
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, John T.	Gary	Lake
King, Joseph P.	Indianapolis	Marion
King, Leroy H.	Indianapolis	Marion
King, Michael S.	Indianapolis	Marion
King, Nina C.	Kokomo	Howard
King, Robert D.	Indianapolis	Marion
King, Robert P.	South Bend	St. Joseph
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
Kingsbury, David H.	Indianapolis	Marion
Kin Kade, Paul T.	New Castle	Henry
Kino, Yoichi	Gary	Lake
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshman, F. E. (S)	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indinapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Kleifgen, William A.	Fort Wayne	Allen
Klein, John C.	Indianapolis	Marion
Kleindorfer, R. L. (S)	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, H. E. (S)	Lafayette	Tippecanoe
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Carmel	Marion
Kmak, Chester J.	Merrillville	Lake
Knight, E. Larry	Elkhart	Elkhart
Knight, Lewis W.	Fort Wayne	Allen
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knote, John A.	Lafayette	Tippecanoe
Knotts, Slater	Brownstown	Jackson
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Highland	Lake
Kolar, Oldrich J.	Indianapolis	Marion
Kolettis, John G.	Merrillville	Lake
Konkle, Amy D. M.	Indianapolis	Marion
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kott, Alexander	Munster	Lake
Kovach, Drew A.	Argos	Marshall
Kraft, Bennett (S)	Sarasota, Fla.	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Friedrich	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresge, Charles L.	Dayton, Ohio	Delaware-Blackford

Name	City	County
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krizman, David J.	South Bend	St. Joseph
Kroczek, Stephen E.	Michigan City	LaPorte
Krsek, Archie J.	Hobart	Lake
Krueger, Barbara J.	Huntington	Huntington
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kryszek, Stanley H.	Indianapolis	Marion
Ku, Marshall	Valparaiso	Porter
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Munster	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M.	Lafayette	Tippecanoe
Kulsakdinum, Chairat	Merrillville	Lake
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W. (S)	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, Richard	Indianapolis	Marion
Kwitny, Isadore J. (S)	Indianapolis	Marion

L

Lacera, Donaldo	Hammond	Lake
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Bloomington	Owen-Monroe
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Lai, Edward Ming-Chi	Terre Haute	Vigo
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B. (S)	Indianapolis	Marion
Lamb, Fred K.	Elkhart	Elkhart
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Richard N.	Anderson	Madison
Landis, Charles B.	Lafayette	Tippecanoe
Lands, Robert M.	Valparaiso	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Jay W.	Indianapolis	Marion
Lanman, John U.	Munster	Lake
Lanning, Roscoe A.	Noblesville	Hamilton
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larson, Arthur N.	Huntington	Huntington
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M. (S)	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, William B.	Fort Wayne	Allen
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Bradenton, Fla.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahey, Jerome M.	Union City	Randolph
Leahy, Howard J. (S)	Pendleton	Madison
Leak, Robert H.	Boswell	Benton
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Dang-Tzuoh	Crown Point	Lake
Lee, Domingo K.	Indianapolis	Marion
Lee, Glen Ward	Richmond	Wayne-Union
Lee, Hyung Soo T.	Decatur	Adams
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leedy, Donald K.	Indianapolis	Marion
Leffel, James M.	Zionsville	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, Evan L.	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmann, Dale E., Jr.	Evansville	Vanderburgh
Lehmberg, Otto F. C. (S)	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leiphart, Charles	Muncie	Delaware-Blackford
Leipold, Jon David	South Bend	St. Joseph
Leman, Eugene	Merrillville	Lake
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Jasper	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Levatin, Bernard I.	South Bend	St. Joseph

Name	City	County
Levi, Leon	Indianapolis	Marion
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, Rose Hilda	Lansing, Ill.	Lake
Lewis, Wm. R.	Gary	Lake
Ley, Glen D.	Bloomington	Owen-Monroe
Libbert, E. L. (S)	Columbus	Bartholomew-Brown
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Life, Homer L. (S)	Sarasota, Fla.	Henry
Lilagan, Florentino R.	Olympia Fields, Ill.	Lake
Lin, Shou G.	Merrillville	Lake
Lin, Y. C.	Warsaw	Kosciusko
Lind, Jaap J.	Lafayette	Tippecanoe
Lind, John D.	Anderson	Madison
Lindauer, David H.	Princeton	Gibson
Lindenborg, Paul G.	Indianapolis	Marion
Lindgren, Ivan T.	Aurora	Dearborn, Ohio
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Linge, Carl H.	Evansville	Vanderburgh
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Brooklyn	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson
Lionberger, John R.	South Bend	St. Joseph
Lipsey, Alfred J.	Dyer	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littell, Andrew H.	Evansville	Vanderburgh
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W. (S)	Gloucester, Mass.	Madison
Livingston, Peter H.	Bedford	Lawrence
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo Sasso, Alvin M.	Indianapolis	Marion
Lo, Loretta S. Y.	Terre Haute	Vigo
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loewenstein, Werner L.	Terre Haute	Vigo
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Long, Malcolm D.	Indianapolis	Hendricks
Long, Max R.	Marion	Grant
Long, Paul L. (S)	Anderson	Madison
Longacher, Joseph W.	Bluffton	Wells
Longshore, Robert E.	Kokomo	Howard
Longstaff, John P.	Evansville	Vanderburgh
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	W. Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Efrem R.	Vincennes	Knox
Lopez, Filemon P.	Dyer	Lake
Lopez, Santiago A.	Gary	Lake
Lorber, James M.	Shelbyville	Shelby
Lord, Glenn C. (S)	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Louck, Michael	Rensselaer	Jasper
Louden, Robert W.	Indianapolis	Marion
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, Vincent L.	Fort Wayne	Allen
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lowe, Daniel K.	Indianapolis	Marion
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Lucas, Owen H., Jr.	Chesterton	Porter
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Luk, Peter	Gary	Lake
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Luna, Manuel R.	Munster	Lake
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O. (S)	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luzadder, John E., Jr.	Michigan City	St. Joseph
Luzietti, Richard G.	Bluffton	Wells
Ly, Lily Ann	Portland	Jay
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D. (S)	Mount Vernon	Vanderburgh
Lynn, Gene E.	Indianapolis	Marion
Lyons, Charles R., Jr.	Wabash	Wabash
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Crown Point	Lake
M		
MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Beech Grove	Marion

Name	City	County
MacLennan, John C.	Lafayette	Tippecanoe
MacLeod, John K.	South Bend	St. Joseph
MacWilliams, Robert H.	Indianapolis	Marion
McAdams, Hugh B.	W. Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAleavey, Patrick J.	Indianapolis	Allen
McAleese, George B.	Terre Haute	Vigo
McArdle, Michael L.	Fort Wayne	Allen
McAree, Francis E., Jr.	Indianapolis	Marion
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, Noel S.	Terre Haute	Vigo
McBride, Robert E.	Michigan City	La Porte
McBride, J. Wm.	Valparaiso	Porter
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCarthy, Joseph C.	Newburgh	Vanderburgh
McCarthy, Leo J.	Indianapolis	Marion
McCartney, Donald H.	Beech Grove	Marion
McCarty, Virgil (S)	Princeton	Gibson
McCaslin, Dan L.	Fort Wayne	Allen
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McCloud, L. C.	Jeffersonville	Clark
McClure, Glen	Sullivan	Sullivan
McClure, Stanley E. (S)	Monticello	White
McClure, Warren N.	Kokomo	Howard
McConnell, Thomas L.	Muncie	Delaware-Blackford
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCord, George Elliott	Indianapolis	Marion
McCormick, Charles O., Jr.	Indianapolis	Marion
McCoy, Melvin H.	Evansville	Vanderburgh
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McCurdy, Robert W.	Anderson	Madison
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Bud H.	Indianapolis	Marion
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McDowell, Richard L.	Fort Wayne	Allen
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert J.	Evansville	Vanderburgh
McElroy, Robert S.	Princeton	Gibson
McEwen, David A.	Lafayette	Tippecanoe
McFadden, James M.	Lafayette	Tippecanoe
McFadden, Wilbur D.	North Manchester	Wabash
McFarland, Corley B.	South Bend	St. Joseph
McGarvey, William K.	Indianapolis	Marion
McGill, Joel L.	Brownstown	Jackson
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Donald L.	Otterbein	Tippecanoe
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R. (S)	Flora	Huntington
McMahan, Virgil C.	Vincennes	Knox
McMeel, James E.	South Bend	St. Joseph
McNaughton, Lawrence	Washington	Daviess-Martin
McNeely, Matthew J. (S)	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Carmel	Marion
McQuade, John A.	South Bend	St. Joseph
McQuiston, Ralph J.	Indianapolis	Marion
McQuiston, Robert D.	Indianapolis	Marion
McVay, Richard S.	Muncie	Delaware-Blackford
McWilliams, William B. (S)	Liberty	Wayne-Union
Macatangay, Edelino L.	Ellettsville	Owen-Monroe
Machledt, John H.	Greenwood	Johnson
Macias, Rafael	South Bend	St. Joseph
Mackel, Frederick O.	Fort Wayne	Allen
Mackel, Jerry L.	Fort Wayne	Allen
Mackenzie, Veronica	Indianapolis	Marion
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madarang, Napoleon	Hammond	Lake
Madden, Robert J.	Indianapolis	Marion
Mader, John H.	Richmond	Wayne-Union
Mader, Jon	Portsmouth, Va.	Wayne-Union
Madlang, Rodolfo M.	Munster	Lake
Madrilejo, Nora G.	Valparaiso	Lake

Name	City	County
Madrilejo, Roberto B.	Valparaiso	Lake
Madtson, A. Ricks	Indianapolis	Marion
Magbag, Wenceslao G.	Holland	Dubois
Maglinte, Dean Daniel	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Malachowski, Robert M.	Indianapolis	Marion
Maldia, Godofredo	Fort Wayne	Allen
Malik, Muhammadiqbal	Indianapolis	Marion
Malone, Leander A. (S)	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Mammen, Harold W.	Indianapolis	Marion
Manalo, F. S.	Marion	Grant
Mandel, Darrell S.	Indianapolis	Marion
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Mangahas, Jovencio P.	Hammond	Lake
Mangahas, Violeta R.	East Chicago	Lake
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W. (S)	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, George W.	Columbia, Mo.	Vanderburgh
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	La Porte	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzanares, Austacio F.	Terre Haute	Vigo
Manzano, Edmundo	Munster	Lake
Manzie, Michael W.	Indianapolis	Marion
Marchand, Edwin V. (S)	Evansville	Gibson
Marcus, Morris C. (S)	Gary	Lake
Marhenke, Jon D.	Indianapolis	Marion
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Maroc, James A.	Munster	Lake
Marquinez, Adoracion	Hammond	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown
Marrese, R. Anthony	Evansville	Vanderburgh
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W. (S)	Lafayette	Tippecanoe
Marshall, Wilbur J.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F.	South Bend	St. Joseph
Martin, Donald L.	Salem	Washington
Martin, Freeman	Indianapolis	Marion
Martin, Loren H.	Indianapolis	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martinez, Guillermo	Aurora	Dearborn-Ohio
Martino, Robert S.	Merrillville	Lake
Martinov, William E.	South Bend	St. Joseph
Martirez, N.A.	East Chicago	Lake
Martz, Bill L.	Brownsburg	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Zionsville	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masser, Frances J.	Jeffersonville	Clark
Masters, John M. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford (S)	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathew, Pallipeedikail C.	Huntington	Huntington
Mathews, Frank	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matlock, Carl K.	Shirley	Hancock
Matthew, John R.	Knox	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J. (S)	Indianapolis	Marion
Matthews, Leland R.	Bloomington	Owen-Monroe
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	LaGrange	Steuben
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, Robert M.	Brazil	Clay
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, R. Milton (S)	Laconia	Harrison-Crawford
Mayhue, H. Wayne	Jeffersonville	Clark
Mayock, Peter P.	Bluffton	Wells
Mayrose, Richard	Terre Haute	Vigo

Name	City	County
Mazdai, Abouzarjoemehr	Connersville	Fayette-Franklin
Mead, Frank E. (S)	La Porte	La Porte
Meade, Donna J.	Indianapolis	Marion
Mealey, John, Jr.	Indianapolis	Marion
Medina, Angelina V.	Munster	Lake
Medina, Herbert M.	Hammond	Lake
Megenhardt, Dennis S.	Indianapolis	Marion
Megremis, Theodore L.	Bloomington	Owen-Monroe
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiser, Robert D. (S)	Sun City, Ariz.	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Mejia, Ivan	Fort Wayne	Allen
Melchior, Jerome	Vincennes	Knox
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Mendelson, Stanley M.	Kokomo	Howard
Mendoza, Felicisimo S.	Cambridge City	Fayette-Franklin
Mengelt, Thomas P.	Elwood	Madison
Menke, Wilber J.	Terre Haute	Vigo
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Mary Ann	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercer, Samuel R. (S)	Fort Wayne	Allen
Mercho, Jean P.	Indianapolis	Marion
Meredith, Jesse H.	Tipton	Tipton
Mericle, Earl W. (S)	Indianapolis	Marion
Merkle, George W.	Bluffton	Wells
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Jeffersonville	Clark
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Meyers, Mark	Fairborn, Ohio	Vanderburgh
Meyers, William L.	Syracuse	Elkhart
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miethke, Richard P.	Kokomo	Howard
Miklozek, John E.	Terre Haute	Vigo
Mikulaschek, Walter M.	Indianapolis	Marion
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D. (S)	East Chicago	Lake
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Fowler	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Edward D.	Fort Wayne	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, Harold E.	Seymour	Jackson
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, James R.	Wakarusa	Elkhart
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H. (S)	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Stephen R.	Muncie	Delaware-Blackford
Miller, Wayne S.	Fort Wayne	Allen
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Lafayette	Tippecanoe
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Minczewski, Richard C.	Merrillville	Lake
Minick, Linus J.	Churubusco	Whitley
Minkin, Ronald B.	Munster	Lake
Mino, Robert A.	Evansville	Vanderburgh
Mintz, Alfred M.	Munster	Lake
Miranda, C.R., III	Winchester	Randolph
Mirich, Ernest C.	Merrillville	Lake
Mirkes, Seymour H.	Noblesville	Hamilton
Mirro, John A.	Merrillville	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Irving	Elkhart	Elkhart
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, Gary A.	South Bend	St. Joseph
Mitchell, Georgia B.	Gary	Lake
Mitchell, James P.	Bloomington	Owen-Monroe
Mitchell, John B.	Evansville	Vanderburgh
Mitman, Ursula E.	Plainfield	Hendricks
Mitre, Isaac N.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion

Name	City	County
Moats, Carl F.	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Mohrs, Paul E.	Lafayette	Tippecanoe
Mok, Lynn C.	Evansville	Vanderburgh
Mok-Ying, Bung	Evansville	Vanderburgh
Molengraft, Cornelius J. (S)	Gary	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monn, Larry N.	Indianapolis	Marion
Montecillo, Antolin M.	Clinton	Parke-Vermillion
Montes, Herminio Y.	Munster	Lake
Montgomery, Lall G. (S)	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montuori, Giulia	S. Holland, Ill.	Lake
Moon, Charles E.	Brazil	Clay
Moore, Donald C.	Columbus	Bartholomew-Brown
Moore, Donald F.	Indianapolis	Marion
Moore, Gene D.	Terre Haute	Vigo
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Bicknell	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moosey, Neale A.	Indianapolis	Marion
Moran, Thomas E.	Indianapolis	Marion
Morec, George J.	New Castle	Henry
Moreira, Alvaro F.	Michigan City	LaPorte
Moretto, Thomas J.	Carmel	Marion
Morey, Edwin E.	Fort Wayne	Allen
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Morgan, Robert J.	Indianapolis	Marion
Moriarty, John R.	Indianapolis	Marion
Morrical, Russell J.	Logansport	Cass
Morris, Robert A.	Anderson	Madison
Morris, Robert L.	Seymour	Jackson
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Morton, William N.	Muncie	Delaware-Blackford
Mosbaugh, Phillip G.	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Rollin H. (S)	Bellaire Beach, Fla.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Mothersill, Mark H. (S)	Indianapolis	Marion
Mott, William H.	Gary	Lake
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S. (S)	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mufti, Zahir-ul-Haque	Connersville	Fayette-Franklin
Mukhtar, Fuad A.	Lebanon	Boone
Mullen, James B.	Indianapolis	Marion
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Mullinix, F. Michael	Indianapolis	Marion
Munoz, Jose C.	Fort Wayne	Allen
Murillo, Herbert L.	Munster	Lake
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine	South Bend	St. Joseph
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Murray, Roger C.	Kendallville	Noble
Musngi, Luciano P.	Pendleton	Madison
Musselman, Lawrence K.	Marion	Grant
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	Edwardsburg, Mich.	St. Joseph
Myers, Ronald M.	Kokomo	Howard
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion

Name	City	County
N		
Nachtnebel, Kenneth L.	Evansville	Vanderburgh
Nagan, Robert F.	Indianapolis	Marion
Nahre, John A.	Greenwood	Johnson
Nakamura, Takamitsu	Munster	Lake
Nalley, James	Franklin	Johnson
Napper, Karl F.	South Bend	St. Joseph
Nason, Robert A.	Garrett	De Kalb
Nasr, Amin T.	Portland	Jay
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Naval, Joventino	North Liberty	St. Joseph
Navarre, Vincent J.	Munster	Lake
Navarro, Casimiro P.	Indianapolis	Marion
Nay, Richard M.	Indianapolis	Marion
Nazareno, Natividad G.	Westport	Decatur
Nazon, Yvon J.	Gary	Lake
Neal, Leonard W.	Hammond	Lake
Neathamer, Thomas A.	Jeffersonville	Clark
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neer, David D.	Munster	Lake
Neher, John L.	South Bend	St. Joseph
Neifert, Noel L.	Tell City	Perry
Nelson, Bryan E.	Columbus	Bartholomew-Brown
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, Harold E.	Muncie	Delaware-Blackford
Nelson, James B.	Fort Wayne	Allen
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G. (S)	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Santa Barbara, Calif.	Fayette-Franklin
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newman, Kerry J.	Evansville	Vanderburgh
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, Cola K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Ng, Anastacio	Indianapolis	Marion
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Harold G.	South Bend	St. Joseph
Nichols, Robert D.	Bluffton	Wells
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noel, Leonora G.	Warsaw	Kosciusko
Nofziger, Terry L.	Paoli	Orange
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolan, Robert B.	Indianapolis	Marion
Nolin, Richard T.	Indianapolis	Marion
Nono-Rosales, Marina	Munster	Lake
Nonte, Leo R.	Evansville	Vanderburgh
Norborg, Christopher S.	South Bend	St. Joseph
Nordschow, Carleton D.	Indianapolis	Marion
Norman, William H.	Indianapolis	Marion
Noroozi, Iradj	Terre Haute	Vigo
Norris, Max S.	Indianapolis	Marion
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Noveroske, Richard J.	Evansville	Vanderburgh
Novy, Charles A.	Fort Wayne	De Kalb
Nowlin, William F.	Merrillville	Lake
Nugent, Edwin J. (S)	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo
O		
Oak, David D., Jr.	Hanna	La Porte
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C. (S)	Indianapolis	Marion
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Odulio, Benito	Mitchell	Lawrence
Odulio, Brunhilda	Mitchell	Lawrence
Oehler, Nancy L.	Brazil	Clay
Oei, Tjien Oen	Indianapolis	Marion
Offutt, Andrew C.	Indianapolis	Marion
Ogle, Robert W.	Greenwood	Johnson
Ojha, Brij. B.	Elkhart	Elkhart
Oldag, George E.	Elwood	Madison
Oldham, Alberta K.	Carmel	Marion
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie Dale	Merrillville	Lake
Olvey, Ottis N.	Indianapolis	Marion
O'Malley, Patrick F.	South Bend	St. Joseph
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
Ong, Tiong G.	Valparaiso	Porter
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion

Name	City	County
Ornelas, Joseph P.	Merrillville	Lake
O'Rourke, Carroll (S)	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Ortiz, Juan Fernando	Batesville	Ripley
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H. (S)	Valparaiso	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Bedford	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overley, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, Hugh T.	Detroit, Mich.	Vanderburgh
Owen, John E. (S)	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C. (S)	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A. (S)	Hartford City	Delaware-Blackford

P

Paff, James R.	Muncie	Delaware-Blackford
Paff, William A.	Elkhart	Elkhart
Page, Oliver W., Jr.	Indianapolis	Marion
Paik, Bo Wook	Mishawaka	St. Joseph
Paik, Geun	Michigan City	La Porte
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Pairitz, Frank D.	South Bend	St. Joseph
Paje, Alfredo Q.	Greensburg	Decatur
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Pamintuan, Florino G.	Munster	Lake
Pan, Charles C. M.	Fort Wayne	Allen
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Jesus F.	Terre Haute	Vigo
Pangan, Zanita C.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Panszi, Jose G.	Indianapolis	Marion
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Merrillville	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Park, Hee-Myung	Indianapolis	Marion
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B. (S)	Wingate	Montgomery
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia (S)	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pasilabban, Banguis L. M.	Shelbyville	Shelby
Pastor, Julius W.	Evansville	Vanderburgh
Patel, D. A.	Munster	Lake
Patel, Manu P.	Kendallville	Noble
Patel, Pulkit J.	Terre Haute	Vigo
Patheja, Surjit S.	Valparaiso	Porter
Patterson, Jack W.	Fort Wayne	Allen
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Patton, Charles	Lafayette	Tippecanoe
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B. (S)	South Bend	St. Joseph
Pavelka, Ronald P.	Munster	Lake
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B. (S)	Noblesville	Marion
Paynter, William T.	Indianapolis	Marion
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Henry
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Robert M.	Indianapolis	Marion
Pearce, Roy V.	Terre Haute	Vigo
Pearce, William L.	Columbus	Bartholomew-Brown
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, Jack W.	Carmel	Marion
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Dunedin, Fla.	Marion
Pearson, William E. (S)	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, F. B., Sr. (S)	Tuscon, Ariz.	Marion
Peck, James F.	Princeton	Gibson
Peddicord, Clifford R.	Logansport	Cass
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion

Name	City	County
Pell, Donald M.	Muncie	Delaware-Blackford
Pemberton, Jack J.	Evansville	Vanderburgh
Penkava, Robert	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Peralta, Jose	Crawfordsville	Montgomery
Perez, Cesar R.	Carmel	Marion
Perez, Hilda A.	Carmel	Marion
Perkins, Powell L.	Kokomo	Howard
Perrin, Kermit F.	Fort Wayne	Allen
Perrin, Nell Jean	Indianapolis	Marion
Person, Theodore C.	Veedersburg	Fountain-Warren
Pesarillo, Servando N.	Kokomo	Howard
Pesigan, Conrado S.	Park Ridge, Ill.	Lake
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, James A.	Elkhart	Elkhart
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, T. V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Peyton, Frank W.	Lafayette	Tippecanoe
Peyton, Richard R.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfrommer, J. R.	Lafayette	Tippecanoe
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, Donald M.	Hobart	Lake
Phillips, John H.	Michigan City	La Porte
Phipps, Leland K. (S)	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, William J.	Bruceville	Daviess-Martin
Pierce, William John	East Chicago	Lake
Pierson, Howard	Merrillville	Lake
Pierson, Pearl H.	Warsaw	Kosciusko
Pietz, David G.	Bluffton	Wells
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pillai, Vijayan V.	Bedford	Lawrence
Pillay, Vijaya P.	Merrillville	Lake
Pilot, Jean	Hammond	Lake
Pippenger, Joseph I.	Muncie	Delaware-Blackford
Pippenger, Wayne G.	Frankfort	Clinton
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph
Plank, C. Robert	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Merrillville	Lake
Pless, John Edward	Bedford	Lawrence
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Poehler, Fred C.	La Fontaine	Wabash
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Whiting	Lake
Pollack, Seymour L.	New Castle	Henry
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontaoe, A. G.	Evansville	Vanderburgh
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Pope, Howard A.	New Albany	Floyd
Pope, W. D.	Columbus	Bartholomew-Brown
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Gary	Porter
Porapaiboon, Veera	Merrillville	Lake
Porro, Francis W. (S)	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, George S.	Richmond	Wayne-Union
Porter, John R.	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Potter, Brian	Michigan City	La Porte
Potti, T. K. Krishnan	Merrillville	Lake
Poulos, James T.	Lafayette	Tippecanoe
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Powers, William R.	Lyons	Greene
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Predd, Florian M.	Michigan City	La Porte
Predey, Thomas	Munster	Lake
Premuda, Franklin F.	Hammond	Lake
Present, Julian D.	Evansville	Vanderburgh
Price, Ambrose M.	Anderson	Madison
Price, David W.	Indianapolis	Marion
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Priddy, Marvin E.	Fort Wayne	Allen
Probst, Edward L.	Columbus	Bartholomew-Brown
Proos, John M. III	Homestead AFB Fla.	Marion
Proudfit, Charles H.	South Bend	St. Joseph
Prough, Wendell A.	Bluffton	Wells
Province, William D.	Franklin	Johnson

Name	City	County
Pruitt, Donald	Evansville	Gibson
Pruitt, Jacob E.	Gary	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, William	Bloomington	Owen-Monroe
Pulcini, John D.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H. (S)	Wolcottville	Noble
Purcell, Lawrence T.	Bluffton	Wells
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D. (S)	Sun City, Ariz.	St. Joseph
Pyle, Susan K.	Union City	Randolph
Q		
Qazi, Hardon M.	Indianapolis	Marion
Quakenbush, John	Kokomo	Howard
Quick, William J. (S)	Muncie	Delaware-Blackford
Quigley, George J.	Indianapolis	Marion
Quigley, Joseph W.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart
Quinn, Michael G.	South Bend	St. Joseph
R		
Rabasa, Rafael	Mishawaka	St. Joseph
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F.	Evansville	Vanderburgh
Radcliffe Lee E.	W. Lafayette	Tippecanoe
Rademacher, Wade	Beech Grove	Marion
Radpour, Shokri	Kokomo	Howard
Ragan, William D.	Carmel	Marion
Rahdert, Richard	Lafayette	Tippecanoe
Rajachar, Mathikere R.	Marion	Grant
Raju, S. Gopal	Marion	Grant
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramaprakash, H.N.	Ft. Wayne	Allen
Ramker, Daniel T.	Hammond	Lake
Ramos, Leonardo	Borden	Clark
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B. (S)	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ramsey, John E.	Kendallville	Noble
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Randolph, Joseph C.	Indianapolis	Marion
Raney, Ben B. (S)	Linton	Greene
Raney, Robert D.	Terre Haute	Vigo
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Hammond	Lake
Rasmussen, Ruth F. (S)	South Bend	St. Joseph
Ratcliff, Frank W. (S)	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Carolyn M.	Munster	Lake
Rawlins, Steven J.	Merrillville	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Ray, James A.	Bloomington	Owen-Monroe
Rayes, Joseph L.	Princeton	Gibson
Raymundo, Luciano	Munster	Lake
Raymundo, Vivencio F.	Elwood	Madison
Rea, Ralph L.	Greenfield	Hancock
Read, John E.	Chesterton	Porter
Receveur, Robert	New Albany	Floyd
Recinto, Antonio R.	Indianapolis	Marion
Recometa, Oscar D.	Marion	Grant
Records, John M.	Franklin	Johnson
Reeck, Claude C., Jr.	Indianapolis	Marion
Reeck, Mary Jane	Indianapolis	Marion
Reed, Donald W.	Greenfield	Hancock
Reed, Edsel S.	Jeffersonville	Clark
Reed, James C.	Elkhart	Elkhart
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Philip B.	St. Petersburg, Fla.	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Columbus	Bartholomew-Brown
Reed, Robert G.	Indianapolis	Marion
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Hammond	Lake
Reedy, Richard L.	Yorktown	Delaware-Blackford
Rees, Russel C. (S)	Indianapolis	Marion
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Indianapolis	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reimers, Roger A.	Bloomington	Owen-Monroe
Reineke, Jan R.	South Bend	St. Joseph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Remo, John W.	Lafayette	Tippecanoe
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reul, George M.	Kokomo	Howard
Reuter, John W.	Bedford	Lawrence
Reyes, Angel I.	Chicago, Ill.	Lake

Name	City	County
Reyes, Diego C.	Peru	Miami
Reyes, Nestor	New Whiteland	Marion
Reyes, Ordonio J.	Rushville	Rush
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rezvan, Nader	Bloomington	Owen-Monroe
Rhamy, Arthur P. (S)	Wabash	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sae Yung	Richmond	Wayne-Union
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhoads, Paul S.	Richmond	Wayne-Union
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M. (S)	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Angola	Steuben
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E. (S)	Russellville	Montgomery
Richardson, Joseph D.	Rochester	Fulton
Richardson, J. H.	Fort Wayne	Allen
Richart, James V. (S)	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B. (S)	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Ridgway, Alton H.	Lapel	Madison
Ridolfo, Anthony S.	Zionsville	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Riehl, Richard	Jeffersonville	Clark
Rieser, Aloys M., Jr.	Crown Point	Lake
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Rimel, James F.	Plymouth	Marshall
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Rink, Lawrence D.	Bloomington	Owen-Monroe
Riordan, John F.	Valparaiso	Porter
Rissing, Walter J.	Fort Wayne	Allen
Ritchey, James O.	Indianapolis	Marion
Ritchie, William D.	Evansville	Vanderburgh
Ritteman, George W. (S)	Franklin	Johnson
Ritter, Merrill A.	Indianapolis	Marion
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivera, Felicidad	Michigan City	LaPorte
Rivera, Julius	Michigan City	LaPorte
Rivera-Correa, Hector P.	Indianapolis	Marion
Robb, John A.	Indianapolis	Marion
Roberto, Benjamin V.	Austin	Scott
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U.	Indianapolis	Marion
Robinson, Frederick C.	Lafayette	Tippecanoe
Robinson, Nan E.	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Robinson, Robert J.	Indianapolis	Marion
Robison, Roger F.	Bloomington	Owen-Monroe
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rochlin, Isodore	Indianapolis	Marion
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Rockwell, Paul E.	Brookston	Porter
Rodriguez, Agustin R.	Pompano Beach, Fla.	Wayne-Union
Roe, Taft W.	Evansville	Vanderburgh
Roesch, Ryland P.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Rogge, James D.	Indianapolis	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Merrillville	Lake
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romain, Louis F.	Fort Wayne	Allen
Romberger, Floyd T., Jr.	Indianapolis	Marion

Name	City	County
Rommel, Clarence H. (S)	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Ropp, Harold E.	New Harmony	Posey
Rose, Robert E.	Spencer	Owen-Monroe
Rosen, Irwin C.	Connersville	Fayette-Franklin
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J. (S)	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Hammond	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Edward	Indianapolis	Marion
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Wolflake	Whitley
Roth, Leo	Gary	Lake
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Roushdi, Hussein A.	Indianapolis	Marion
Rousseau, John W.	Fort Wayne	Allen
Row, George S. (S)	Osgood	Ripley
Rowe, George A.	Indianapolis	Marion
Royer, John D.	Anderson	Madison
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli (S)	South Bend	St. Joseph
Rubin, Simon S.	Merrillville	Lake
Rubush, John L.	Indianapolis	Marion
Rucker, W. Rayburn	Madison	Jefferson-Switzerland
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max H.	Daleville	Delaware-Blackford
Rudicel, Max	Kokomo	Howard
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, R. A.	Muncie	Jay
Rudser Donald H.	Whiting	Lake
Rudwell, George H.	Jeffersonville	Clark
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Rule, Ned P.	Evansville	Vanderburgh
Rumana, Robert	Bluffton	Wells
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Herman F.	Evansville	Vanderburgh
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Fort Wayne	Allen
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Barton J.	Indianapolis	Marion
Rusk, Hubert M. (S)	Wallace	Fountain-Warren
Russell, Henry T.	Battleground	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh
Russo, Andrew E.	Crown Point	Lake
Rust, Byron K. (S)	Sarasota, Fla.	Marion
Rust, Roland B., Jr.	Indianapolis	Marion
Ruth, Martin L. (S)	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J. (S)	Gary	Lake
Ryan, Michael G.	Madison	Jefferson-Switzerland
Ryan, William J.	Columbus	Bartholomew-Brown

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Saalwaechter, John J.	Lebanon	Boone
Saavedra, Bernardo	Merrillville	Lake
Sabens, James A.	Indianapolis	Marion
Sabina, Robert	Munster	Lake
Sabo, Wm. J.	Munster	Lake
Sacris, Maria O.	Valparaiso	Porter
Safayan, Esfandiar	Terre Haute	Vigo
Safirstein, Moises	Fort Wayne	Allen
Sagalowsky, Howard S.	Indianapolis	Marion
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sahlmann, Hans (S)	Fort Wayne	Allen
Sala, Joseph J.	Merrillville	Lake
Sala, Walter R.	Merrillville	Lake
Salama, Fawzy E.	Evansville	Vanderburgh
Salazar, Luis B.	South Bend	St. Joseph
Salb, John P.	Jasper	Dubois
Sales, Avelino T.	Indianapolis	Marion
Salon, Harry W. (S)	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Salvo, At S.	Williamsport	Fountain-Warren
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	Indianapolis	Marion

Name	City	County
Sanders, Harry M.	Indianapolis	Marion
Sanderson, Robert B. (S)	South Bend	St. Joseph
Sandock, Louis F.	South Bend	St. Joseph
Sandock, Mark S.	South Bend	Marion
Sandoz, Harry H. (S)	South Bend	St. Joseph
Sangalang, Zenaida	Bedford	Lawrence
Santare, Vincent J.	Munster	Lake
Saperstein, Morris	Indianapolis	Marion
Sarkar, Anil K.	Sullivan	Sullivan
Sarkar, Dipa	Brazil	Clay
Sartore, Gilbert A.	Evansville	Vanderburgh
Sato, Takuya	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sauer, John B.	Beech Grove	Marion
Scales, Alfred B. (S)	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scanlon, John C.	Lafayette	Tippecanoe
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D. (S)	Jamestown	Boone
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schalliol, James P.	Rochester	Fulton
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Schechter, John Stephen	Bloomington	Owen-Monroe
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Fort Wayne	Allen
Scheidler, James A.	Indianapolis	Marion
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schemmer, Kenneth E.	Anderson	Madison
Schen, Sanford E.	Evansville	Vanderburgh
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, Thomas R.	Kokomo	Howard
Scheurich, Manley	Oxford	Benton
Scheurich, Virgil	Oxford	Benton
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schlesinger, Daniel J.	Hammond	Lake
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schlueter, David P.	Fort Wayne	Allen
Schmalhausen, Ansel W.	Beech Grove	Marion
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Paul E.	Indianapolis	Marion
Schmiedicke, Paul H. (S)	W. Lafayette	Tippecanoe
Schmitt, Richard K. (S)	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Munster	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E. (S)	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R.	Evansville	Vanderburgh
Schroeder, James E.	Indianapolis	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schultheis, Richard L.	Indianapolis	Marion
Schulz, Kurt J.	Fairmont, Minn.	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Schwarz, Anton J. F.	Carmel	Marion
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Indianapolis	Marion
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scott, William M.	Scottsburg	Scott
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Merrillville	Lake
Scully, William E.	Terre Haute	Vigo

Name	City	County
Scupham, William	La Porte	La Porte
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Sears, Don A.	Odon	Daviess-Martin
Seat, Marshall H.	Washington	Daviess-Martin
Sebahar, Duane	Columbus	Bartholomew-Brown
Sebastian, Ricardo F.	Portage	Lake
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellmer, George W.	Indianapolis	Marion
Semerdjian, Aram	Gary	Lake
Sennett, William K. (S)	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Sera, Segundo R.	Bedford	Lawrence
Serna, Carlos A.	Highland	Lake
Serrano, Jose F.	Hammond	Lake
Ser Vaas, Cory	Indianapolis	Marion
Sexson, Hiram T.	Indianapolis	Marion
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Decatur
Shah, Ajit	Marion	Grant
Shah, Piyush	Huntington	Huntington
Shah, Kishori P.	Huntington	Huntington
Shah, Rameshschandra	Munster	Lake
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R. (S)	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Cape Coral, Fla.	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Joseph	Chicago, Ill.	Lake
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Seymour W.	Lowell	Lake
Sharp, Gary C.	Greenfield	Hancock
Sharp, Merle C.	South Bend	St. Joseph
Sharp, Thomas W.	Bloomington	Owen-Monroe
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Glenn R.	Bluffton	Wells
Shaw, Matthew C.	Muncie	Delaware-Blackford
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheldon, Suel A.	Anderson	Madison
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shelton, Philip	Vincennes	Knox
Shepard, Fred F. (S)	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, S.D.	Allen
Sherwood, J. Vincent (S)	Largo, Fla.	Allen
Sherwood, Robert W.	Evansville	Vanderburgh
Shetty, Dayananda M.	Munster	Lake
Shevick, Alexander	Valparaiso	Porter
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson
Shina, Hassi	Charlestown	Clark
Shinabery, L. (S)	Fort Wayne	Allen
Shinn, Gloria L.	Bluffton	Wells
Shipley, Edward	Indianapolis	Marion
Shirazi, Enayat K.	Richmond	Wayne-Union
Shively, John L.	Lafayette	Tippecanoe
Shively, Kenneth	Bluffton	Wells
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John A.	Richmond	Wayne-Union
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriner, Philip O.	Fort Wayne	Allen
Shriner, Richard L.	South Bend	St. Joseph
Shriner, William C.	Terre Haute	Vigo
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Bluffton	Wells
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	DeKalb
Shumacker, Harris B, Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Carmel	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Mobile, Ala.	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siegel, Lyle P.	Evansville	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Barth.-Brown
Silbert, David B.	Shelbyville	Shelby
Silbert, Robert K.	Indianapolis	Marion
Silva, Carlos A.	Indianapolis	Marion
Silver, Richard A.	Indianapolis	Marion
Silvero, Hubert L.	Fort Wayne	Allen
Silvers, Michael	N. Manchester	Wabash

Name	City	County
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Simms, James Leon	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Sims, Larry W.	Evansville	Vanderburgh
Sinchai, Pravit	Gary	Lake
Singco, Bienvenido	Greenfield	Hancock
Singh, Chandrabhan	Franklin	Johnson
Sinkovic, Gerald M.	Indianapolis	Marion
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Edwardo V.	Valparaiso	Porter
Sison, Vicente G.	Terre Haute	Vigo
Sixbey, Maurice D.	Denver	Miami
Skaggs, Homer, Jr.	Evansville	Vanderburgh
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E. (S)	Marion	Grant
Slama, George F.	Merrillville	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Sloan, W. Keith	Madison	Jefferson-Switzerland
Sluss, David H. (S)	Indianapolis	Marion
Small, George R.	Greenwood	Johnson
Small, Iver F.	Indianapolis	Marion
Smejkal, Jerald J.	Merrillville	Lake
Smith, A. Wilson	Columbus	Putnam
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David E.	Indianapolis	Marion
Smith, David L. (S)	Indianapolis	Marion
Smith, Evrett E.	Marion	Grant
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, H. Charles	Bluffton	Wells
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, James W.	Indianapolis	Marion
Smith, Jerald E.	Munster	Lake
Smith, Jerrold R.	Indianapolis	Marion
Smith, John A.	Indianapolis	Marion
Smith, John H.	Greenfield	Hancock
Smith, Lee	South Bend	St. Joseph
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C., Jr.	Indianapolis	Marion
Smith, Richard N.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Theodore J. (S)	Sarasota, Fla.	Lake
Smith, Victoria T.	Oakmont, Pa.	Marion
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank E.	Marion	Grant
Snapp, Richard A.	Indianapolis	Bartholomew-Brown
Sneary, Max E.	Avilla	Noble
Snell, Malcolm S.	Indianapolis	Marion
Snider, Byron (S)	Grants Pass, Oregon	Marion
Snider, Donald	Vincennes	Knox
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Clarence E.	Washington	Daviess-Martin
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyder, Richard J.	Muncie	Delaware-Blackford
Snyderman, Sanford C.	Fort Wayne	Allen
So, James	Olympia Fields, Il.	Lake
Sobat, William S.	Indianapolis	Marion
Sokol, Allen B.	Highland	Lake
Solis, Roger V.	Hammond	Lake
Somani, Indra K.	Gary	Lake
Somerville, John W.	Clinton	Parke-Vermillion
Song, John Ye Kun	Merrillville	Lake
Songer, Joseph Michael	Muncie	Delaware-Blackford
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorg, David A.	Fort Wayne	Allen
Sorkin, Sheila	Valparaiso	Porter
Sorrells, George W.	Bedford	Lawrence
Sotolongo, Eladio	Indianapolis	Marion
Souder, Bonnell M. (S)	Auburn	De Kalb
Soule, Mary A.	Indianapolis	Marion
Souter, Martha C. (S)	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
South, Terry A.	Evansville	Vanderburgh
Sovine, Joe W. (S)	Indianapolis	Marion
Sowa, Elizabeth	Evansville	Vanderburgh
Sowa, Ronald W.	Evansville	Vanderburgh
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Newburgh	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L. (S)	Mishawaka	St. Joseph
Spangler, Jesse S. (S)	Kokomo	Howard
Sparks, Alan L. (S)	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, C. Herbert	Fort Wayne	Allen

Name	City	County
Spencer, Frederic	Vincennes	Knox
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Richard G.	Howe	LaGrange
Spindler, Robert D.	Shelbyville	Shelby
Spitzberg, Daniel H.	Indianapolis	Marion
Spivack, Mary (S)	Van Nuys, Calif.	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurgeon, Charles H.	Indianapolis	Marion
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sri-Uthayopas, Prasit	Hammond	Lake
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H. (S)	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stamps, Thomas E.	Ladoga	Montgomery
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, Dwight L.	Bluffton	Wells
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Beech Grove	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Lowell R.	Bloomington	Morgan
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steger, Byron L.	Indianapolis	Marion
Steichen, James B.	Indianapolis	Marion
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stephens, Robert W.	Carmel	Delaware-Blackford
Stephens, Susan	Carmel	Delaware-Blackford
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Crown Point	Lake
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stewart, Paul N.	Indianapolis	Marion
Stibbins, Warren E.	Muncie	Delaware-Blackford
Stier, Paul L.	Fort Wayne	Allen
Stilwell, Barbara	Indianapolis	Marion
Stilwell, William R.	Richmond	Wayne-Union
Stimson, Harry	South Bend	St. Joseph
Stine, Marshall E.	Bremen	Marshall
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Robt. K.	Carmel	Marion
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Indianapolis	Marion
Stoller, Leon J.	Evansville	Vanderburgh
Stoltz, Robert M.	Valparaiso	Porter
Stoltzfus, Glenn B.	Goshen	Elkhart
Stoltz, Thomas J.	Otterbein	Tippecanoe
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Punta Gorda, Fla.	Marion
Stone, Robert C.	Ligonier	Noble
Stone, William M.	Indianapolis	Marion
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Harry T.	Frankfort	Clinton
Stovall, Alfred	Fort Wayne	Allen
Stover, Marvin C., III	Munster	Lake
Strang, William C.	Indianapolis	Marion
Strange, Paul S.	Indianapolis	Marion
Strayer, Joseph W. (S)	Lafayette	Tippecanoe
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Strehler, Don A.	Bluffton	Wells
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion

Name	City	County
Stringer, Drennon D.	Mishawaka	St. Joseph
Strohbar, Whalen M.	Chicago, Ill.	Marion
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R. (S)	LaGrange	LaGrange
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Sugarman, Donald R.	Fort Wayne	Allen
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sumrall, Arthur J.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Sutton, William E.	Indianapolis	Marion
Suwanilai, Charoen	East Chicago	Lake
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Swihart, Danny D.	Elkhart	Elkhart
Swihart, John J.	Winnetka, Ill.	Marshall
Sylbert, Philip	Elkhart	St. Joseph
Symmes, Alfred T.	Indianapolis	Marion
Szanto, Philip A.	Munster	Lake
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion
T		
Tabion, Napoleon C.	Merrillville	Lake
Tacker, Willis A., Jr.	W. Lafayette	Tippecanoe
Tadatada, Victor J.	Salem	Washington
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E. (S)	Indianapolis	Marion
Talley, Terry W.	Evansville	Vanderburgh
Tan, Eugenio N.	Bedford	Lawrence
Tan, Manuel	Fort Wayne	Allen
Tanrikulu, Orhan	Hammond	Lake
Tapley, Dwight L.	South Bend	St. Joseph
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tarry, Kirby B.	Columbus	Bartholomew-Brown
Tate, Elizabeth	Dunkirk	Jay
Tate, James A.	Kokomo	Howard
Tate, Thomas D.	Fort Wayne	Allen
Taube, Jack I.	Indianapolis	Marion
Taube, Robert R.	Connersville	Fayette-Franklin
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C. (S)	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C. (S)	Upland	Grant
Taylor, Frederic W. (S)	Indianapolis	Marion
Taylor, Harold F.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, James D.	Valparaiso	Porter
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert G.	New Haven	Allen
Taylor, Robert L.	Danville	Hendricks
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Indianapolis	Cass
Teague, Frank W. (S)	Beech Grove	Marion
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ian S.	Seymour	Jackson
Templin, David B.	Lowell	Lake
Tennant, David L.	Fort Wayne	Allen
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Tetalman, Marc R.	Munster	Lake
Teter, George V.	Indianapolis	Marion
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jennings
Thomas, Charles R.	Indianapolis	Marion
Thomas, Clayton	Noblesville	Hamilton
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Fred A. (S)	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, John R.	Fort Wayne	Allen
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Indianapolis	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, John M.	South Bend	St. Joseph
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Larry G.	South Bend	St. Joseph
Thompson, Paul D.	Indianapolis	Marion
Thompson, Samuel R.	Fort Wayne	Allen
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thong, Siong H.	Fort Wayne	Allen

Name	City	County
Thornton, Harold C. (S)	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thupvong, Chawtipya	Gary	Lake
Thupvong, Kosin	Merrillville	Lake
Thurston, Floyd E.	Bloomington	Owen-Monroe
Thurston, John B.	Indianapolis	Marion
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tielker, Richard E.	Fort Wayne	Allen
Tierney, William J.	Anderson	Madison
Tiffany, Joseph C.	Merrillville	Lake
Tignor, Sterling P.	Kokomo	Howard
Tiley, George A. (S)	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R. (S)	Shelbyville	Shelby
Tinio, Wilfrido M.	Bloomington	Owen-Monroe
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tirman, Wallace S.	Mishawaka	St. Joseph
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Indianapolis	Marion
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomlin, Jerrold E.	Jeffersonville	Clark
Tomlinson, Jerry A.	Marion	Grant
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topolgus, James N., Jr.	Bloomington	Owen-Monroe
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C. (S)	Terre Haute	Vigo
Tord, Jose N.	Indianapolis	Marion
Torrella, Jose A.	Speedway	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linne F.	Chicago, Ill.	Lake
Towannasut, Verapon	Merrillville	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee H.	Munster	Lake
Trainer, Thomas F.	Indianapolis	Marion
Tran, Lau	Lyons	Greene
Tranter, William F.	Ft. Myers Fla.	Tipton
Trepagnier, Francis B.	Highland	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Tritch, Dan L.	Fort Wayne	Allen
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J. (S)	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Trudgen, Spencer F.	Indianapolis	Marion
Trusler, Harold M.	Indianapolis	Marion
Tuason, Leo B.	Martinsville	Morgan
Tuason, Ricardo M.	Muncie	Delaware-Blackford
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Trafalgar	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tumuluri, V. S.	Indianapolis	Marion
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Merrillville	Lake
Turner, Harold B. (S)	Bloomfield	Greene
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tushan, Fayez S.	Indianapolis	Marion
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Twenty, John D.	Indianapolis	Marion
Tyndall, J. Phillip	Fort Wayne	Allen
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Hammond	Lake

U

Ufkes, Herbert C. (D.O.)	N. Judson	Starke
Ulgado, Edmundo S.	Connersville	Fayette-Franklin
Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Umphrey, James E.	Bluffton	Wells
Underhill, Gary E.	Evansville	Vanderburgh
Underwood George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Unni, Ramakrishnan P.	Merrillville	Lake
Unzicker, Roger	Middlebury	Elkhart
Urba, Vytautas V.	Munster	Lake
Urbanski, Walter P.	Highland	Lake
Urgena, Regino B.	Marion	Grant
Urruti, Arnoldo H.	South Bend	St. Joseph

V

Vagner, Samuel B.	South Bend	St. Joseph
Vakkur, George J.	South Bend	St. Joseph
Valena, Dominador V.	Muncie	Henry
Valencia, Monico	East Gary	Lake
Valenzuela, Diego C.	Vevay	Jefferson-Switzerland
Valenzuela, Roberto D.	Merrillville	Lake
Valenzuela, Sofia S.	Merrillville	Lake
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Van Campen, Warren M.	Indianapolis	Marion

Name	City	County
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
VanderToll, Donald J.	Munster	Lake
VanderWesthaysen, Peter	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Franklin	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Hove, Eugene D.	Indianapolis	Marion
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Veluz, Mario I.	Gary	Lake
Venables, Albert J.	Evansville	Vanderburgh
Verde, Horacio V.	Valparaiso	Porter
Vergara, Abelardo F.	Highland	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Vesey, William J.	Marion	Grant
Vieira, Jose Thos.	Coatesville	Putnam
Vietzke, Paul C. F. (S)	Valparaiso	Porter
Villa, Florencio C.	Union City	Randolph
Villanueva, Onofre Q.	Fort Wayne	Allen
Vincent, William A.	Evansville	Vanderburgh
Vinluan, Teofilo S., Jr.	Marion	Grant
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vigo
Vivian, Donald E.	New Castle	Henry
Vix, Vernon A.	Indianapolis	Marion
Vizcarra, Ruben F.	Logansport	Cass
Vlaskamp, Elaine (S)	Muncie	Delaware-Blackford
Voelkel, Paul B.	Indianapolis	Marion
Vogel, John L.	Columbia City	Whitley
Vogel, L. John	Mount Vernon	Posey
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Merrillville	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Vosika, Edward J.	Terre Haute	Vigo
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd

Name	City	County
W		
Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Waddell, J. Ronald	Evansville	Vanderburgh
Wade, Reynolds W.	Fort Wayne	Allen
Wagner, Anabel R.	W. Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagner, William	Plainfield	Hendricks
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, J. Edward	Lafayette	Tippecanoe
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Wahle, Wm. M.	Indianapolis	Marion
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Waiss, Elaine H.	Munster	Lake
Wait, Jerome H.	Columbia City	Whitley
Waits, Chester L.	Lafayette	Tippecanoe
Waksman, Alberto	Bluffton	Wells
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer (S)	Indianapolis	Marion
Walerko, Frank	South Bend	St. Joseph
Walker, Adolph P.	Munster	Lake
Walker, G. Daly	Columbus	Bartholomew-Brown
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	Bloomington	Owen-Monroe
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Zionsville	Johnson
Walters, William H.	Michigan City	La Porte
Walthall, Gerald C.	Indianapolis	Marion
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	N. Vernon	Jennings
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Richmond	Wayne-Union
Warbinton, Fred P.	Crawfordsville	Montgomery
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W. (S)	Fort Lauderdale Fla.	St. Joseph
Ward, Robert A.	Tell City	Perry
Ware, John R.	Russiaville	Howard
Warfield, Chester H. (S)	Fort Wayne	Allen
Warn, William J.	Milan	Ripley
Warneke, Charles H.	Indianapolis	Marion

Name	City	County
Warner, Theodore M. II	Travis A. F. Base, Calif.	Marion
Warren, Carroll B.	Marion	Grant
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L. (S)	Edwardsburg, Mich.	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Waters, George E.	Indianapolis	Marion
Watson, Leo G.	Kokomo	Howard
Watson, Stephen C.	Indianapolis	Marion
Watts, Edwin S.	East Chicago	Lake
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weathers, William T.	Evansville	Vanderburgh
Weaver, Dorothy E.	Indianapolis	Marion
Weaver, R. Wyatt	Angola	Steuben
Webb, Harry D.	Anderson	Madison
Webb, Lawrence C.	Dana	Parke-Vermillion
Webb, O. Lynn	New Castle	Henry
Weber, Edgar H. (S)	Evansville	Vanderburgh
Weber, Emil L.	Evansville	Vanderburgh
Weber, Joseph G. S.	Terre Haute	Vigo
Weber, Steven A.	Franklin	Johnson
Webster, Paul L.	Lafayette	Tippecanoe
Webster, Robert K. (S)	Brazil	Clay
Weddle, Charles O.	Columbus	Bartholomew-Brown
Weddle, Chas. Otho	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Wehlage, David F.	South Bend	St. Joseph
Weida, Jerry Mayne	Lafayette	Tippecanoe
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinland, George C.	Columbus	Bartholomew-Brown
Weir, Rosemary	Muncie	Delaware-Blackford
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Merrillville	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Louis L.	Anderson	Madison
Weiss, Robert M.	New Albany	Floyd
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B. Jr.	Evansville	Vanderburgh
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A. (S)	Lafayette	Tippecanoe
Wellman, Henry N.	Indianapolis	Marion
Wells, William R.	Princeton	Gibson
Weninger, Donald L.	Michigan City	LaPorte
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D. (S)	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L. (S)	Speedway	Marion
West, Roger F.	Terre Haute	Vigo
Westfall, B. Kemper	Indianapolis	Marion
Weybright, W. L.	Middlebury	Elkhart
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Charles F.	Indianapolis	Marion
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
Whitlock, Coleman M., Jr.	Kokomo	Howard
Whitlock, Merle E. (S)	Mishawaka	St. Joseph
Wiatt, Leonard H.	New Castle	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson
Wigh, Russell	Columbus	Bartholomew-Brown
Wiland, Olin K.	Richmond	Wayne-Union
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Willardo, Albert T.	Hammond	Lake
Willhite, Larry G.	Columbus	Bartholomew-Brown
Williams, Berniece M.	Fort Wayne	Allen
Williams, Earl K.	Logansport	Cass
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Francis M.	Anderson	Madison
Williams, Harold W.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, James	Indianapolis	Marion
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D. (S)	Indianapolis	Marion

Name	City	County
Williams, Robert D.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Evansville	Vanderburgh
Willman, Joe	Gaston	Delaware-Blackford
Willner, Alan	Clarksville	Clark
Wills, Max B.	Auburn	De Kalb
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred Monroe	Indianapolis	Marion
Wilson, Fred M.	Carmel	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E. (S)	Elkhart	Elkhart
Wilson, Paul H. (S)	Logansport	Cass
Wilson, Ralph (S)	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Win, Tun	Terre Haute	Vigo
Wince, Leland L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winter, Donald K.	East Chicago	Lake
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Indianapolis	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L. (S)	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wissman, William L.	Columbus	Bartholomew-Brown
Wixted, John F. (S)	Harbert, Mich.	St. Joseph
Wixted, Julia M. L. (S)	Harbert, Mich.	St. Joseph
Woerner, Jean	Indianapolis	Marion
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, Robert A.	Gary	Lake
Wolf, William E.	La Porte	La Porte
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wongse-Sanit, Vatchara	Gary	Lake
Wongse-Sanit, Yongyots	Crown Point	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodall, John	Anderson	Madison
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Wooden, Thomas F.	Munster	Lake
Woodman, Kenneth S.	Richmond	Wayne-Union
Woods, Arba L. (S)	Poseyville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Westville	Porter
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Workman, Barbara E.	Muncie	Delaware-Blackford
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Worth, Robert M.	Indianapolis	Marion
Wrege, Malcolm L.	Indianapolis	Marion
Wrenn, Robert E.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, J. Wm., Jr.	Indianapolis	Marion
Wright, J. Wm. III	Indianapolis	Marion
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wurster, Richard E.	Indianapolis	Marion
Wylie, Robert R.	Hobart	Lake
Wyttenbach, John E. (S)	Indianapolis	Marion

Y

Yacko, Michael L.	Indianapolis	Marion
Yahnke, David G.	Columbus	Bartholomew-Brown
Yale, Charles A.	Fairmount	Grant
Yang, In Whan	Munster	Lake
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Merrillville	Lake
Yaw, Peter B.	Indianapolis	Marion
Yee, Lucio C., Jr.	Crown Point	Lake
Yegerlehner, Roscoe S. (S)	W. Lafayette	Tippecanoe
Yergler, Willard G.	South Bend	St. Joseph
Yim, Young S.	Evansville	Vanderburgh
Yingling, Robert J.	Indianapolis	Marion
Yocum, Paul S., Sr. (S)	Coral Cables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, Carl J.	Middlebury	Elkhart
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Jonathan G. (S)	Kathmanda, Nepal	Elkhart
Yoder, Richard P.	Bluffton	Wells
Yolles, Elliott A.	Inidanapolis	Marion
Yonkman, Gerhard F.	Indianapolis	Marion
You, Kwang-Duck	Calumet City	Lake
Young, C. Curtis, Jr.	Evansville	Vanderburgh

Name	City	County
Young, Eusebio C.	Indianapolis	Marion
Young, George M. (S)	Griffith	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Monticello	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, Leon N.	LaPorte	LaPorte
Young, Ralph H. (S)	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Munster	Lake
Youngs, Paul E.	New Albany	Floyd
Yuhn, Robert B.	Elkhart	Elkhart
Yune, Heun Y.	Indianapolis	Marion

Z

Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	LaPorte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Ames, Iowa	Bartholomew-Brown
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Terre Haute	Vigo
Zimmer, John F.	Indianapolis	Marion
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M. (S)	East Chicago	Lake
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Merrillville	Lake
Zweig, Elmer S.	Fort Wayne	Allen
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Newburgh	Vanderburgh

HONORARY MEMBERS

Ansbacher, Stefan, Sc.D., Marion.
Loftin, Arthur G., Indianapolis
Rhoads, Paul S., M.D., Richmond
Twyman, John B., Merrillville
Waggener, James A., Executive Secretary, Indianapolis.

Specialty Codes

The following specialties, including General Practice, are recognized by the American Medical Association:

AM	Aerospace Medicine
A	Allergy
AN	Anesthesiology
BE	Broncho-Esophagology
CD	Cardiovascular Diseases
D	Dermatology
DIA	Diabetes
END	Endocrinology
FP	Family Practice
GE	Gastroenterology
GP	General Practice
GPM	General Preventive Medicine
GER	Geriatrics
GYN	Gynecology
HEM	Hematology
HYP	Hypnosis
ID	Infectious Diseases
IM	Internal Medicine
LAR	Laryngology
LM	Legal Medicine
ND	Neoplastic Diseases
NEP	Nephrology
N	Neurology
CHN	Neurology, Child
NA	Neuropathology
NM	Nuclear Medicine
NTR	Nutrition
OBS	Obstetrics
OBG	Obstetrics and Gynecology
OM	Occupational Medicine
OPH	Ophthalmology
OT	Otology
OTO	Otorhinolaryngology
PTH	Pathology
CLP	Pathology, Clinical
FOP	Pathology, Forensic
PD	Pediatrics
PDA	Pediatrics, Allergy
PDC	Pediatrics, Cardiology
PA	Pharmacology, Clinical
PM	Physical Medicine and Rehabilitation
P	Psychiatry
CHP	Psychiatry, Child
PYA	Psychoanalysis
PYM	Psychosomatic Medicine
PH	Public Health
PUD	Pulmonary Diseases
R	Radiology
DR	Radiology, Diagnostic
PDR	Radiology, Pediatric
TR	Radiology, Therapeutic
RHU	Rheumatology
RHI	Rhinology
ABS	Surgery, Abdominal
CDS	Surgery, Cardiovascular
CRS	Surgery, Colon and Rectal
GS	Surgery, General
HS	Surgery, Hand
HNS	Surgery, Head and Neck
NS	Surgery, Neurological
ORS	Surgery, Orthopedic
PDS	Surgery, Pediatric
PS	Surgery, Plastic
TS	Surgery, Thoracic
TRS	Surgery, Traumatic
U	Surgery, Urological

In addition to the above specialties the following designations are also used:

OS	Other, i.e., physician designated a specialty other than those appearing above.
US	Unspecified, i.e., physician did not specify a specialty.
OO	Retired, not in practice, specialty unknown.

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership. The address given is the one where the physician prefers his mail to be delivered. It may or may not be his office address.

(Paid-up members of the Indiana State Medical Association as of Apr. 1, 1975.)

ADAMS COUNTY

BERNE

(*Zip Code* 46711)

Beaver, Norman E. 165 W. Water St. (GP)
Boze, Robert L. 265 W. Water St. (GP)
Dester, Herbert E. (S) .. 424 Compromise St. (GP)

DECATUR

(*Zip Code* 46733)

Burk, James M. 115 N. Third St. (GP)
Carroll, John C. 226 S. Second St. (GP)
Doan, John E. 222 S. Second St. (GP)
Girod, Arthur H. R.R. 6 (GP)
Lee, Hyung Soo T. 227 S. Second St. (GS)
Parrish, Richard K. 238 S. Second St. (OPH)
Reppert, Roland L. Road 224 (GP)
Rich, Norval S. 230 S. Second St. (GP)
Zwick, Harold F. 227 S. Second St. (GP)

ALLEN COUNTY

FORT WAYNE

(*Zip Code* 468 *plus zone number*)

A

Acker, Herbert K. .. 3610 Brooklyn Ave. (07) (GP)
Ahlbrand, Roland C. ..4820 Chaucer Rd. (05) (GP)
Aiken, Arthur F. 3010 E. State Blvd. (05) (GP)
Aldred, Allen W. ..3024 Fairfield Ave. (07) (PATH)
Anderson, Ernest ...1601 East Paulding Rd. (16) (GP)
Anderson, Garland D. ..5110 N. Clinton (05) (FP)
Andrew, Jerald L. ..5717 S. Anthony Blvd. (06) (FP)
Arata, James A. 2802 E. State Blvd. (05) (R)
Arata, Justin E. 3124 E. State Blvd. (05) (GS)
Ashman, William C. ..2828 Fairfield Ave. (07) (PD)
Aust, Charles H. 6006 W. Hamilton Rd. (04) (GP)

B

Bahr, Robert E. 3217 Lake Ave. (05) (GP)
Bailey, Paul P. (S) ..1840 Pemberton Drive (05) (U)
Ball, John R. 108 Three Rivers East (02) (GS)
Ball, Margaret Jane
13434 Aboite Center Rd. (04) (HEM)
Baltes, Joseph H. 821 Broadway (02) (GP)
Barch, John W. 1301 S. Harrison St. (02) (OM)
Bash, Stephen E. 2828 Fairfield Ave. (07) (PD)
Bash, Wallace E. 2828 Fairfield Ave. (07) (PD)
Bauman, Richard L. 700 Broadway (02) (R)
Baumgartner, Jeraldine .515 W. Wayne St. (02) (GP)
Bayazit, Lutfi Y.
Fort Wayne State Hospital Training Center (02) (IM)
Beams, Ralph H.
731 Medical Center Bldg. (02) (OPH)
Becker, Lowell E. 5800 Fairfield Ave. (07) (CHP)
Beierlein, Karl M. (S) 2716 Butler Rd. (OBG)
Beights, Raymond S. .2200 Randalia Drive (05) (GP)
Berghoff, James R. 3702 Rupp Dr. (05) (OM)
Beutler, Theodore V. 527 W. Berry St. (02) (U)
Bierman, Gilbert H. 717 Broadway (02) (ORS)
Billingsley, John S. 2828 Fairfield Ave. (07) (R)
Bixler, James A. 3030 Lake Ave. (05) (OPH)
Blichert, Peter A.
104 Three Rivers East (02) (OBG)
Bolander, James E. 3217 Lake Ave. (05) (GP)
Bollheimer, Don A.
623 Medical Center Bldg. (02) (OPH)
Bossard, John W.
Lake-Maycrest Med. Bldg. (05) (NS)
Bower, Richard E. ...3610 Brooklyn Ave. (07) (GP)
Bowers, Gah T.
3000 Circumurban Blvd. (05) (ADM)
Bowers, George W. 2828 Fairfield Ave. (07) (U)
Bowers, Jesse W. (S)
1830 Forest Park Blvd. (05) (GS)
Brandt, William E. 618 W. Berry St. (02) (GS)
Braunlin, Robert J. 5110 N. Clinton (25) (OTO)
Bridges, William L. ..2200 Lake Ave. #150 (05) (R)
Bromley, Luman W.
417 Medical Center Bldg. (02) (ORS)
Brosius, Robert H. W. 1603 Wells St. (08) (GP)
Brown, Garland R. 5522 Hamilton Rd. (04) (R)
Brucker, Perry A. 102 Three Rivers East (02) (PS)
Bryan, Franklin A. 2101 Coliseum (05) (OS)
Bucholz, James G. ...2609 Fairfield Ave. (07) (ORS)
Buckner, George D. 1003 Fulton St. (02) (GS)

C

Carr, William B. ..5717 S. Anthony Blvd. (06) (FP)
Cast, William R.
4601 N. Washington Rd. (04) (OTO)
Chambers, Alan R.
103 Three Rivers East (02) (GP)
Chambers, Donald C. ..1301 S. Harrison (02) (PTH)
Chase, James A. 1635 Broadway (04) (OM)
Clark, William R. 3622 S. Calhoun St. (07) (IM)
Clark, William R., Jr. ..2902 Fairfield Ave. (07) (GP)
Cochran, Harry A., Jr. ..706 Nightfall Rd. (19) (OS)
Conley, John E. (S) 620 W. Berry St. (02) (GP)
Connelly, Jerry 4306 Lake Ave. (05) (GP)
Connelly, Richard D. 4310 Lake Ave. (05) (GP)
Cooney, Charles J. (S) ...527 W. Berry St. (02) (U)
Cottrell, Robert F. ..5800 Fairfield Ave. (07) (AN)
Craig, Richard M. 2828 Fairfield Ave. (07) (R)

Cuff, Steve C. 700 W. Berry St. (02) (R)
Culp, John E. (S) 2902 Fairfield Ave. (07) (DIA)
Cummins, Larry E.
1812 Fort Wayne Nat'l Bank (02) (CHP)

D

Datzman, Richard C. .2200 Lake Ave. #150 (05) (DR)
Dauscher, Dean D.
5717 S. Anthony Blvd. (06) (GP)
Donesa, Antonio B. 3030 Lake Ave. (05) (NS)
Dormire, Robert D. ..2200 Lake Ave. #150 (05) (R)
Dunstone, H. Carter (S)
105 Three Rivers East (02) (P)
Dyer, John K. 2822 Fairfield Ave. (07) (NEP)

E

Elston, Lynn W. (S) 7716 S. Hanna St. (06) (GS)
Elston, Ralph W. (S) ...2305 Randall Rd. (04) (GS)
Epps, James H. 2330 Beacon St. (05) (ANES)

F

Fahey, Philip J. ..Lincoln Nat'l Life Ins. Co. (02) (U)
Felger, T. A. 5717 S. Anthony Blvd. (06) (GP)
Fiacable, Joseph P. 347 W. Berry (02) (P)
Flaherty, Robert A. 2828 Fairfield Ave. (07) (R)
Fleishman, Jay S. P.O. Box 268 (01) (PTH)
Fox, Richard F. 2828 Fairfield Ave. (07) (R)
Foy, Thomas D. 1104 W. State Blvd. (08) (FP)
Frankhouser, Charles M. A., Jr.
P.O. Box 268 (02) (PATH)
Fullam, Richard G. 5800 Fairfield (07) (AN)
Furtado, Robert 3030 Lake Ave. (05) (PS)

G

Gallagher, Daniel F. ..5219 S. Wayne Ave. (07) (AN)
Garton, Harry W. (S)
2528 E. McKellips Rd. #83 (03) (US)
Gastineau, David C. ..2200 Lake Ave. #150 (05) (TR)
Gentile, Jonathan Paul ...5110 N. Clinton (25) (GS)
Gerding, William J. 5110 N. Clinton (25) (GP)
Giffin, Charles S.
102 Medical Center Bldg. (02) (OTO)
Gilbert, Alan R. 3030 Lake Ave. (05) (D)
Gize, Raymond W. 2200 Lake Ave. (05) (DR)
Glassley, Stephen H. ..3010 E. State Blvd. (05) (GP)
Glock, Maurice E.
229 Medical Center Bldg. (02) (IM)
Glock, Steven R. 5050 N. Clinton St. (25) (ORS)
Goebel, Carl W. ..327 W. Creighton Ave. (07) (PDA)
Gould, John C. 2424 Fairfield Ave. (07) (GYN)
Graham, George M. ..1301 S. Harrison St. (07) (OM)
Graham, James C. 1834 S. Lafayette (03) (GP)
Green, Robert F. 614 W. Berry St. (02) (P)
Greene, Joe S. 3217 Lake Ave. (05) (FP)
Greenlee, Robert L.
227 E. Washington St. (02) (CHP)
Griest, Walter D. ...3024 Fairfield Ave. (07) (PTH)
Griffith, Harold R. 2200 Lake Ave. (05) (R)
Gumbert, Jack L. 5010 Riviera Ct. (05) (GS)

H

Hackett, Walter G. ..3610 Brooklyn Ave. (07) (GP)
Haffner, Herman G. (S)
202 E. Jefferson St. (02) (D)
Halaby, Fouad A. 700 W. Berry St. (02) (R)
Haley, Alvin J. 3217 Lake Ave. (05) (FP)
Hall, William R.
725 Indiana Bank Bldg. (02) (ANES)
Haller, Richard C. 3124 E. State Blvd. (05) (N)
Hamilton, Emory D. 5800 Fairfield (07) (AN)
Hamilton, George M. .3124 E. State Blvd. (05) (IM)
Hansell, Charles E. 3217 Lake Ave. (05) (FP)
Harris, James J. 5717 S. Anthony (06) (FP)
Hasewinkle, August M.
2828 E. State Blvd. (05) (IM)
Hastings, Warren C. 2120 Carew St. (05) (NS)
Hattendorf, Anton P. (S)
716 Medical Center Bldg. (02) (PH)
Havens, Russell E. (S) ...3721 Inwood Dr. (05) (AN)
Hayhurst, Thos. Eldon ..2828 Fairfield Ave. (07) (IM)
Herendeen, Thomas L. .3124 E. State Blvd. (05) (GS)
Hershberger, Philip G.
2609 Fairfield Ave. (07) (ORS)
Hickman, Donald M. 3217 Lake Ave. (05) (GP)
Hicks, Thomas J. 2200 Lake Ave. #150 (05) (R)
Hill, James S. 2828 Fairfield Ave. (07) (PD)
Hillery, Robert L. 5020 Hursch Rd. (25) (FP)
Hoffman, Arthur F.
105 Three Rivers North (02) (ANES)
Hoog, John M. 1617 Kensington Blvd. (05) (U)
Hoover, Joseph R. 3610 Brooklyn Ave. (09) (GP)
Howe, Fordyce L. 2330 Beacon St. (05) (GP)
Hull, DeWayne L. 3030 Lake Ave. (05) (PS)

I

Irmscher, George W.
3411 N. Anthony Blvd. (05) (GS)
Irmscher, Jane M. 2024 Florida Dr. (05) (PD)
Isenogle, Kenneth F. ...3030 Lake Ave. (05) (OTO)

J

Jackson, John F. 5315 Cloverbrook Dr. (06) (AN)
Jensen, Robert E.
102 Medical Center Bldg. (02) (OTO)
Johnson, Philip J. 5110 N. Clinton (25) (FP)
Johnston, Richard M. 9962 Diebold Rd. (25) (AN)
Jontz, Joe G. 3124 E. State Blvd. (05) (GS)
Jontz, Richard L. 2200 Lake Ave. #150 (05) (R)
Juergens, Richard B. ...1724 Prairie Lane (08) (GP)
Jurgensen, Walter T. ..3610 Brooklyn Ave. (07) (GP)

K

Kammeyer, Wm. A. 3217 Lake Ave. (05) (FP)
Karol, Herbert J. ...103 Three Rivers East (02) (U)
Kaufman, Julian R. 3030 Lake Ave. (05) (A)
Keck, Carleton Allen ..2902 Fairfield Ave. (07) (OPH)
Kempler, Norman A. .3124 E. State Blvd. (05) (OPH)
Kent, Richard N.
327 Medical Center Bldg. (02) (IM)
Keyes, Robert C. 131 E. Tillman Rd. (06) (PD)
Kilgore, Byron W. ...106 Three Rivers East (02) (P)
Kim, Sung Soo Box 5289 (05) (GS)
Kimbrough, Robert F.
2730 E. State Blvd. (05) (ORS)
Kleifgen, William A. ..446 W. Pontiac St. (07) (GP)

Kleopfer, Ronald G. ..5050 N. Clinton St. (25) (ORS)
Klooze, Kenneth W. 3610 Brooklyn (07) (GP)
Knight, Lewis W. ...3124 E. State Blvd. (05) (OBG)
Krueger, John E. ..5717 S. Anthony Blvd. (06) (GP)

L

Ladig, Donald S. 3610 Brooklyn Ave. (07) (GP)
Laker, Gene C. 2407 Fairoak Dr. (07) (GP)
Laker, Richard J. 2407 Fairoak Dr. (07) (GP)
Lampe, Elfred H. ...2902 Fairfield Ave. (07) (OBG)
LaSalle, William B. ..5050 N. Clinton St. (05) (ORS)
Laycock, Richard M. 6642 St. Joe Rd. (15) (GP)
Lee, John W. 5050 N. Clinton St. (25) (ORS)
Leming, Ben L. 2828 Fairfield Ave. (07) (GS)
Lenk, George G. ..1805 E. Washington St. (03) (OM)
Lloyd, Robert P. 723 Fulton St. (02) (GS)
Logan, Richard S. 3124 E. State Blvd. (05) (D)
Lohman, Robert M. 4017 S. Wayne St. (07) (GP)
Love, Vincent L. 1301 S. Harrison St. (02) (OM)
Luckey, James E.
105 Three Rivers North (02) (ANES)
Lyster, Richard F. 2730 E. State St. (05) (ORS)

M

McAleavey, Patrick J. .3309 A. West 31st St. (22) (FP)
McArdle, Michael L. 2609 Fairfield Ave. (07) (ORS)
McCallister, John W. ..3124 E. State Blvd. (05) (GS)
McCaslin, Dan L. 1301 S. Harrison St. (02) (R)
McCoy, Roy R. 3701 S. Harrison St. (07) (US)
McDowell, George A.
215 Medical Center Bldg. (02) (GP)
McEachern, Cecil G. ..2424 Fairfield Ave. (07) (GS)
Mackel, Frederick O. .2609 Fairfield Ave. (07) (ORS)
Mackel, Jerry L. 2609 Fairfield Ave. (07) (ORS)
Maldia, Godofredo 3030 Lake Ave. (05) (IM)
Mann, Richard E. 3010 E. State Blvd. (05) (P)
Manning, George C. 534 W. Berry St. (02) (NS)
Mastrangelo, Michael J. .2828 Fairfield Ave. (07) (GS)
Mejia, Ivan P.O. Box 5224 (05) (AN)
Mensch, James R. ..2120 Forest Park Blvd. (05) (AN)
Mercer, Samuel R. (S)
710 Medical Center Bldg. (02) (D)
Meyer, Herman A. ...1030 W. Wayne St. (04) (GP)
Meyer, Theodore O. .3728 Kirkwood Dr. (05) (OPH)
Michaelis, Stephen C. .3610 Brooklyn Ave. (07) (GP)
Miller, Don E. 2828 Fairfield Ave. (07) (IM)
Miller, Edward D. 3030 Lake Ave. (05) (OPH)
Miller, Orval J. 1810 Kensington Blvd. (05) (FP)
Miller, Richard H. (S) 511 W. Wayne St. (02) (GS)
Miller, Robert B. 3124 E. State Blvd. (05) (OTO)
Miller, Wayne Starr 2828 Fairfield (07) (GS)
Moats, Carl F. 4007 W. Wayne St. (07) (GP)
Moeller, Victor C. ...2424 Fairfield Ave. (07) (GP)
Morey, Edwin E. ...2828 Fairfield Ave. (02) (OBG)
Morgan, Milton M. 4628 S. Calhoun (07) (GS)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07) (GP)
Mueller, Lawrence W.
533 W. Washington Blvd. (02) (OPH)
Munoz, Jose C. 6642 St. Joe Rd. (15) (PD)

N-O

Nelson, James B. 3030 Lake Ave. (25) (A)
Nill, John H. 5717 S. Anthony Blvd. (06) (GP)
Nolan, Gerald R. ...5717 S. Anthony Blvd. (06) (FP)
O'Brian, John F. 3217 Lake Ave. (05) (FP)
O'Rourke, Carroll (S) .604 W. Berry St. (02) (OPH)

P

Painter, Donald S.
222 Medical Center Bldg. (02) (OBG)
Pan, Charles C. M. 700 Broadway (02) (PATH)
Pancner, Ronald J.
1812 F. Wayne Nat'l Bank Bldg. (02) (P)
Parker, Carey B. (S) .533 W. Washington St. (02) (GP)
Parrot, Donald J. 810 W. State Blvd. (08) (GP)
Patterson, Jack W. ...6211 Covington Rd. (04) (GS)
Pearson, Huey L. 2314 S. Hanna (03) (GP)
Perrin, Kermit F. ..2701 S. Anthony Blvd. (06) (GP)
Pickett, Merle E.
725 Indiana Bank Bldg. (02) (ANES)
Popp, Milton F. 3148 Parnell Ave. (05) (OO)
Powell, M. Jack 700 Broadway (04) (R)
Priddy, Marvin E. 5110 N. Clinton (25) (GP)

R

Ramaprakash, H. N. .2828 Fairfield Ave. (07) (OBG)
Rank, William B. 3030 Lake Ave. (05) (U)
Reed, John D. 3124 E. State Blvd. (05) (IM)
Reszel, Paul A. 5050 N. Clinton St. (25) (ORS)
Rhee, Sang K. 2827 Roscommon Dr. (05) (AN)
Richards, Alan D. ..5717 S. Anthony Blvd. (06) (GP)
Richardson, Joseph H. .3010 E. State Blvd. (05) (IM)
Rissing, Walter J. 229 W. Berry St. (02) (CRS)
Romain, Louis F. 3124 E. State Blvd. (05) (N)
Rousseau, John W. ..3124 E. State Blvd. (05) (OBG)
Rusher, Merrill W. 347 W. Berry St. (02) (GYN)

S

Safirstein, Moises 2330 Beacon St. (05) (ANES)
Sahlmann, Hans (S)
2402 Woodward Ave. (05) (GP)
Salon, Harry W. (S) ..4017 Hiawatha Blvd. (07) (GP)
Salon, Joel W. 604 W. Wayne St. (02) (IM)
Salon, Nathan L. (S) ..604 W. Wayne St. (02) (GER)
Schaab, Eric 131 E. Tillman Rd. (06) (PD)
Scheeringa, Ronald H. .2828 Fairfield Ave. (07) (IM)
Schlademan, Karl R. P.O. Box 268, (01) (PTH)
Schleinkofer, Robert M. ..3217 Lake Ave. (05) (GP)
Schlueter, David P. 2828 Fairfield (07) (U)
Schmidt, Eugene E. 5800 Fairfield Ave. (07) (AN)
Schmoll, Robert J. ...521 W. Wayne St. (02) (OPH)
Schneider, Louis A. 700 Broadway (02) (PATH)
Schoen, Frederic L. ..5717 S. Anthony Blvd. (06) (FP)
Schoenhals, Charles E. 5050 N. Clinton (25) (GS)
Schubert, Jerome C. 5110 N. Clinton St. (25) (GP)
Schubert, Philip C. ..6203 Plantation Lane (05) (GP)
Scott, H. Vaughn 801 E. State Blvd. (05) (U)
Scudder, James P. 3124 E. State Blvd. (05) (U)
Senseny, Eugene F. ...2828 Fairfield Ave. (07) (CRS)
Shinabery, Lawerence (S)
212 Three Rivers North (02) (GP)
Shriner, Philip O. ...3124 E. State Blvd. #19 (05) (U)
Shugart, Robert R. ..2609 Fairfield Ave. (07) (ORS)
Sidel, Alan W. 5110 N. Clinton (25) (GP)

Silvero, Hubert L. .1417 N. Anthony Blvd. (05) (GP)
Sirlin, Edward M. 2615 Trier Rd. (05) (PD)
Smith, C. Curtis 5110 N. Clinton (25) (GP)
Smith, Philip L. 2828 Fairfield Ave. (07) (OBG)
Smith, Roger C. 3124 E. State Blvd. (05) (IM)
Snyderman, Sanford C.
102 Medical Center Bldg. (02) (OTO)
Sorg, David A. 2325 Santa Rosa Dr. (05) (END)
Spencer, C. Herbert
105 Three Rivers North (02) (ANES)
Stanley, Robert G. ...3610 Brooklyn Ave. (07) (GP)
Stauffer, Richard C. .2730 E. State Blvd. (05) (ORS)
Steigmeyer, David J. ..3124 E. State Blvd. (05) (PD)
Stier, Paul L. 721 Broadway (02) (IM)
Stovall, Alfred 332 E. Pontiac (03) (GP)
Stucky, Jerry L. 5110 N. Clinton (25) (FP)
Sugarman, Donald R. ..2200 Lake Ave. #150 (05) (R)
Sullivan, Robert E. 3030 Lake (05) (GS)
Swearingen, Alfred G. ..2802 E. State Blvd. (05) (R)

T

Tan, Manuel 5800 Fairfield Ave. (02) (AN)
Tate, Thomas D. 3610 Brooklyn Ave. (09) (GP)
Tennant, David L. 4802 Calumet (06) (OM)
Terrill, Richard W. ..446 W. Pontiac St. (07) (OPH)
Thomas, John R. 347 W. Berry St. (02) (OTO)
Thompson, Samuel R. ..625 W. Berry St. (02) (OPH)
Thong, Siong H. 5800 Fairfield Ave. (07) (AN)
Tomusk, August N. ..2828 Fairfield Ave. (07) (CDS)
Towles, Jeff H. 2513 S. Calhoun St. (06) (GS)
Trier, Herbert P.
2414 Ft. Wayne Nat'l. Bank Bldg. (02) (P)
Tritch, Dan L. 3610 Brooklyn (09) (FP)
Tunnell, Harry D. 3030 Lake Ave. (05) (GS)
Tyndall, J. Phillip ...3124 E. State Blvd. (05) (OBG)

U

Ungemach, Willo F. ..3009 Fairfield Ave. (07) (IM)

V

Villanueva, Onofre Q. 1812 Benham (08) (PD)
Vogel, Lloyd A. 4819 Midlothian Dr. (15) (EM)
Voorhees, Robert J. 3030 Lake (05) (GS)

W

Wade, Reynolds W. ..3010 E. State Blvd. (05) (OBG)
Walker, Floyd B. 4927 S. Lafayette St. (06) (GP)
Wallace, Collins R.
126 Timber Lane (25) (ANES)
Ward, Gerald F. 3124 E. State Blvd. (05) (U)
Warfield, Chester H. (S) 7024 Forest Wood Dr. (05) (R)
Wick, Alfred A. 2120 Carew (05) (OPH)
Wierzalis, Edward F. ...2017 Sherman St. (08) (GP)
Williams, Berniece M. ..801 E. State Blvd. (02) (GP)
Willis, Robert L., Jr. ...2828 Fairfield Ave. (07) (R)
Wilson, Roland B. 1207 S. Lafayette (02) (GP)

X-Y-Z

Zweig, Elmer Sam ...2015 Pemberton Dr. (05) (GP)

Harshman, Louis P. (S) Wesley Manor, 1555 N. Main St., Frankfort 46041 (OO)
Harvey, Harry C. (S) Methodist Home, Franklin 46131 (GP)
Emme, Richard W. Harlan 46743 (GP)
Harless, O. Fred 104 Summit, Monroeville 46773 (FP)
Cooper, B. Trent 155 8th St., Roanoke 46783 (FP)
Miller, Kenneth D. ..Box 128, Woodburn 46797 (EM)
Kidder, Orva Thurl (S) R.R. 1, Wolcottville 46795 (PUD)

Ferguson, Arthur N. (S) ...1935 Golden Rain Road, Rossmoor Manor 3, Walnut Creek, Calif. 94595 (OO)
Rockey, Noah A. (S) 2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. 33305 (OS)
Sherwood, J. Vincent (S) .11200 102 Ave. N., #125, Largo, Fla. (33540) (PUD)
Humphreys, John L. Sr. (S) 55 Highland Rd., Apt. 202, Bethel Park, Pa. 15102 (OO)
Sherwood, Clarence E. R.R. 2, Box 97A Madison, S.D. 57042 (OO)
Cook, Ian H. 15 Linnet Way, Pinelands, Cape Province, South Africa (GS)

NEW HAVEN
(*Zip Code* 46774)

Dahling, Fred W. Dahling Bldg. (GP)
Hoetzer, Eldore M. 502 Henry (GP)
Sidell, James P. 1208 Lincoln Highway E. (GP)
Stumpf, Edwin E. 610 Professional Park Dr. (GP)
Taylor, Robt. G. 605 Professional Park Dr. (RHU)

BARTHOLOMEW-BROWN COUNTIES

COLUMBUS
(*Zip Code* 47201)

Able, Walter 2760 25th St. (GP)
Andrews, Frederick B. P.O. Box 1480 (DR)
Beggs, Lowell F. 832 Washington St. (GS)
Berkshire, Shaffer B., Jr. 2400 E. 17th St. (R)
Brewer, David H. 2780 N. National Road (PD)
Brueggemann, Walter G. 2418 Beam Rd. (OPH)
Bush, Robert W. 2760 25th St. (PTH)
Clay, Eleanor 3402 Grove Pl. (IM)
Cooper, Wm. Earl 2760 25th St. (OTO)
Daugherty, Forest D. 2600 Sandcrest Blvd. (GP)
Davis, Marvin R. (S) 908 Washington (GP)
Dugan, Thomas 1950 Doctor's Park Dr. (GP)
Echsner, Herman J. Doctor's Park (GP)
Fisher, Walter Scott (S) 422 Ninth St. (CD)
Fortner, Ray E. Doctor's Park, Bldg. 1 (U)
Franz, Sherman G. 2075 Lincoln Park Drive (P)
Frederick, Terry L. Doctor's Park #2 (FP)
Free, Michael W. Doctor's Park #2 (GP)
Fuller, Robert G. Doctor's Park #2 (GP)
Gammell, Lindley L. 602 22nd St. (AN)
Greenwood, Charles W. ...2030 Doctor's Park (IM)
Hart, Robert B. 915 Washington (GP)

Hauersperger, Alfred D. 2756 25th St. (OPH)
Henry, Alvin L. Lock Box 264 (OPH)
Herrberg, Jerome E. 2525 Sandcrest Blvd. (FP)
Holdread, Jon W. 2075 Lincoln Park Dr. (P)
Jacobs, E. Robert R.R. #6, Grandview (GS)
Kim, C. B. 2780 N. National Road (PD)
Krueger, Robert B. 2739 Central Ave. (GP)
Libbert, E. L. (S) 3985 Offshore Dr. (R)
McCullough, Henry G. ..R.R. 4, Old Indpls. Rd. (GP)
Macy, George W. 2525 Sandcrest Blvd. (GS)
Marr, Griffith R.R. 1 (AN)
Mohler, Floyd W. 2060 Doctor's Park (ORS)
Moore, Donald C. Box 1480 (R)
Nelson, Bryan E. 2760 25th St. (GP)
O'Bryan, Richard B. 2739 Central Ave. (PD)
Overshiner, Lyman (S) 1901 Taylor Rd. (OM)
Pearce, William L. Doctor's Park (OBG)
Pope, W. D. Cummins Engine Co. (OM)
Probst, Edward L. .Ever Road Park, 2760 25th St. (D)
Ranck, Benjamin A. 2600 Sandcrest Blvd. (GP)
Rau, Charles A. 2600 Sandcrest Blvd. (GP)
Reed, Robert G. Jr. 2400 E. 17th St. (PATH)
Richmond, H. Wayne Cummins Engine Co. (OM)
Ryan, C. David 2040 Doctor's Park (OBG)
Ryan, William J. 1920 Doctor's Park (GS)
Schmitt, Richard K. (S) ..2639 Riverside Drive (GP)
Schneider, Kenneth D. 2760 25th St. (AN)
Sebahar, Duane 2760 25th St. (IM)
Sigmund, William B. P.O. Box 366 (U)
Stribling, James L. .Doctor's Park Bldg. #2012 (GYN)
Teal, Dorothy D. (S) 728 Franklin St. (GP)
Walker, Garl Daly 2756 25th St. (GS)
Weddle, Charles O. 2756 25th St. (GS)
Weinland, George C. R.R. 9, Harrison Lake (P)
Weisenberger, Brockton L. ..3640 Woodside Dr. (OM)
Wickstrom, Otto W., Jr. ...2360 National Rd. (ORS)
Wigh, Russell 2767 Lafayette Ave. (R)
Williams, Everett W. 1815 Park Valley Dr. (OO)
Wissman, William L. 2537 Riverside (AN)
Yahnke, David G. 2040 Doctor's Park (OBG)
Zaring, Byron K. 1955 Meadow Glen Rd. (GS)

Hawes, M. E. R.R. 1, Box 59, Hope 47246 (GP)
James, Carroll F. Hope Medical Center, Hope 47246 (GP)
Reid, Robert M. 2346 S. Lynhurst Dr. #B203 Indianapolis 46241 (OS)
Seibel, Robert M. Nashville 47448 (GP)
Snapp, Richard A. ...2346 S. Lynhurst Dr. #B203 Indianapolis 46241 (OS)
Willhite, Larry G. 4232 Riverside Dr., Columbus 47201 (AN)
Holden, Robt. W. R.R. 1, Box 575, Plainfield 46168 (R)

BENTON COUNTY

Leak, Robert H. Boswell 47921 (GP)
Coddens, Avery L. ..State Rd. 55, Fowler 47944 (GP)
Miller, Dan T. (S) Fowler 47944 (GP)
Altier, Wm. H. 1721 Hemlock Rd., Lafayette 47905 (OM)
Scheurich, Manley Oxford 47971 (FP)
Scheurich, Virgil Oxford 47971 (GS)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D. (S) Jamestown 46147 (GP)

LEBANON

(*Zip Code* 46052)

Boyer, Don W. 1604 N. Lebanon St. (GS)
Coons, John D. (S) 121 Ulen Blvd. (GP)
Coons, Ritchie 303 W. Washington St. (GP)
Honan, Paul R. 1720 N. Lebanon St. (OPH)
Kern, Clarence G. 1720 N. Lebanon St. (GP)
Lenox, Jack 1202 N. Lebanon St. (GP)
Mukhtar, Fuad A. 1202 N. Lebanon St. (GS)
Porter, John R. 1122 N. Lebanon St. (GP)
Saalwaechter, John J. 404 W. Camp St. (FP)
Weddle, Charles O. 905 N. Lebanon St. (GP)

Bassett, Margaret Ann Thorntown 46071 (FP)

ZIONSVILLE

(*Zip Code* 46077)

Bailey, Lawrence S. (S) 95 E. Oak St. (GP)
Harvey, Ralph J. (S) 95 S. 3rd St. (GPM)
Harvey, Verne K., Sr. (S) ..R.R. 2, Box 292 (GPM)
Jackson, Kathryn A. 10 S. Sixth St. (GP)
Lovett, Harvey D. 100 N. Ninth St. (GP)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J. Burlington 46915 (GP)
Wagoner, Marilyn L. Burlington 46915 (GP)
Wise, Charles L. (S) Camden 46917 (GP)
Eller, Alvan L. ..115 N. Center St., Flora 46929 (GP)

DELPHI

(*Zip Code* 46923)

Baker, Eldon E. 110 S. Union St. (FP)
Petry, T. Neal 110 S. Union St. (GP)
Seese, Robert M. 101 W. North St. (GP)
Wagoner, George W. 202 West Main St. (GP)

CASS COUNTY

LOGANSPORT

(*Zip Code* 46947)

Bean, Joseph S. Two Chase Park (R)
Brewer, Robert A. 216 Ninth St. (OS)
Chu, Johnson C. S. Logansport State Hosp. (P)
De Innocentes, Louis 420 A High St., Logansport
Eckert, Russell A. Two Chase Park (R)
Frederick, Joseph, Jr. 209 S. Third St. (IM)
Glendening, Richard L. 8 Chase Park St. (GP)
Hall, Bernard R. P.O. Box 507 (OBG)
Hargrove, Terry K. 209 S. Third St. (IM)
Hillis, Lowell J. 718 E. Broadway (GP)
Hochhalter, Marian (S) 2400 Hasty Hyll (GP)

Horning, Richard R. ...Logansport State Hosp. (IM)
Howard, Joseph D. 2809 High St. (GP)
Jones, J. Carl Eastgate Plaza (PD)
Karnafel, Eugene T. Logansport State Hosp. (P)
King, Jay M. 812 North St. (GS)
Mamaril, Blas F. 1001 E. Broadway (GP)
Maschmeyer, Robert H. R.R. 1, Box 122A (GP)
Morrical, Russell J. 212 Fifth St. (GP)
Peddicord, Clifford R. Two Chase Park (DR)
Pfuetze, Max E. 408 North St. (OM)
Vizcarra, Ruben F. 2716 Northwood Dr. (GP)
Williams, Earl K. Two Chase Park (R)
Wilson, Paul H. (S) 408 North St. (GS)

Newcomb, William K. Royal Center 46978 (GP)
Cheng, Sylvia F.
Southeastern Medical Center, Walton 46994 (P)
Teaboldt, George A., Jr. 3000 W. Washington St., Indianapolis 46222 (P)

CLARK COUNTY

Ramos, Leonardo Borden 47106 (GP)

CHARLESTOWN

(*Zip Code* 47111)

Goldstein, Richard M. Goodman Clinic (GS)
Goodman, Eli 807 High St. (GP)
Jones, David H. 935 Water St. (GP)
Shina, Hassi Charlestown Landing Rd. (GP)
Voskuhl, William L. 935 Water St. (GP)

CLARKSVILLE

(*Zip Code* 47131)

Mudd, Joseph P. 815 Eastern Blvd. (GP)
Willner, Alan 630 Eastern Blvd. (FP)
Wolverton, George M. 647 Eastern Blvd. (FP)

Greene, William R. Henryville 47126 (GP)

JEFFERSONVILLE

(*Zip Code* 47130)

Arcangel, Cesar 207 Sparks Ave. (P)
Bizer, Mier A. 1206 N. Spring St. (GP)
Brill, Joseph B. 207 Sparks Ave. (P)
Buehler, George M. 914 Springdale Drive (GP)
Cannon, David R. 1220 Missouri Ave. (R)
Clark, William B., Jr. 435 Spring St. (GP)
Corrao, Thomas J. 435 Spring St. (GP)
Cosio, Julio 1206 Spring St. (GP)
Duque, Fausto 207 Sparks Ave. (ANES)
Ely, Cecil W. Clark County Hospital (R)
Forsee, Norman E. 211 E. Market St. (GP)
Fultz, Roy L. 55 Sycamore Dr. (GP)
Golden, William Y. 914 Springdale Drive (GP)
Gutmann, Gordon 207 Sparks Ave. (GS)
Haddad, Rolando 207 W. 13th St. (P)
Hargett, Herbert P. 438 Spring St. (OPH)
Havens, A. Lyle 207 Sparks Ave. (GP)
Heideman, Harry D. 1220 Missouri Ave. (R)
Huoni, John S. (S)
1405 Youngstown Shopping Center (GP)
Jimenez, Pedro 207 Sparks Ave. (ANES)
Johnson, Jerome M. 1428 E. 10th St. (GP)
Masser, Frances J. 210 Sparks Ave. (PATH)
Mayhue, H. Wayne 207 Sparks Ave. (OBG)
McCloud, L. C. Clark County Hosp. (PATH)
McKechnie, Robert K. 207 Sparks Ave. (GP)
Meyer, Claude J. 207 Sparks Ave. (GP)
Neathamer, Thos. A. 207 Sparks Ave. (GP)
Oca, Clemente F. 207 Sparks Ave. (CD)
Reed, Edsel S. 1220 Missouri Ave. (R)
Riehl, Richard 201 E. Market St. (IM)
Roby, Alma L. 207 Sparks Ave. (PD)
Rudwell, George 200 Longview Dr. (OTO)
Thompson, Walter T. 1403 Youngstown (GS)
Tomlin, Jerrold E. 1220 Spring St. (ORS)
Torres, Jose 207 Sparks Ave. (GS)

John, Maurice E. 1000 Alta Vista, Louisville, Ky. 40205 (OPH)

SELLERSBURG

(*Zip Code* 47172)

Hines, Kenneth Earle 911 S. Indiana Ave. (GP)
Robertson, Robert E. ...110 S. New Albany St. (GP)
Sturgis, Donald G. 117 S. Indiana Ave. (GP)

CLAY COUNTY

BRAZIL

(*Zip Code* 47834)

Advincula, Luis V. 1 Advincula Dr. (R)
Conrad, Everett L. 1207 E. National Ave. (GP)
Farid, Rahim S. Box 108 (GS)
Maurer, Robert M. 111 N. Walnut St. (GP)
Mehne, Richard G. 1½ W. National Ave. (GP)
Moon, Charles E. 111 N. Walnut St. (GP)
Oehler, Nancy L. 725 S. Forest Ave. (GP)
Sarkar, Dipa 1206 E. National Ave. (PATH)
Shattuck, John C. 11 W. Chestnut St. (GP)
Webster, Robert K. (S) 25 North Beech St. (GP)
Wood, Opal L. 428 E. Blaine St. (GP)

Buell, Forrest R. 314 Lankford St., Clay City, 47841 (GP)

CLINTON COUNTY

FRANKFORT

(*Zip Code* 46041)

Applegate, Albert E. 1303 S. Jackson St. (GP)
Beardsley, Frank A., Jr. 1201 Oak St. (GP)
Bush, Charles E. 1201 Oak St. (GP)
Dupler, Lee F. 1201 Oak St. (IM)
Dykhuizen, Theodore A. ..608 E. Washington St. (U)
Erdel, Milton W. 2 E. White St. (OTO)
Hammersley, George K 1201 Oak St. (GS)
Hedgcock, Robert A. (S) 259 E. Clinton St. (GP)
Pippenger, Wayne G. 1 Westwood Dr. (GP)

Stout, Harry T. 1201 Oak St. (GP)
Work, Bruce A. 1252 S. Jackson (GP)

Weller, Ralph D. Rossville 46065 (GP)

CRAWFORD COUNTY
(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.
Diagnostic Cyto. Clinic, Bruceville 47516 (PATH)
Rohrer, James R. Elnora 47529 (AN)
Sears, Don A. 508 W. Elnora, Odon 47562 (GP)

LOOGOOTEE
(*Zip Code* 47553)

Chattin, Robert E. 102 Wood (GS)

WASHINGTON
(*Zip Code* 47501)

Barrett, James W. 300 NE 14th (TS)
Chattin, Vance J. 514 E. Main (GS)
Heymann, Robert 300 NE 14th (GS)
Lindsay, Hamlin B. 511 E. Main St. (GS)
McNaughton, L. M. 302 Hill Court (OM)
Norton, Horace O. 511 E. Hefron St. (GP)
Rang, Robert H. 300 NE 14th (GS)
Ross, Glenn E. 1210 Bedford Rd. (GER)
Schafer, William C. 1312 Bedford Rd. (OPH)
Seat, Marshall H. 1400 Grand Ave. (GP)
Snyder, Clarence E. 300 N.E. 4th St. (GP)

DEARBORN-OHIO COUNTIES

AURORA
(*Zip Code* 47001)

Baker, Leslie M. 501 Fourth St. (GP)
Lindgren, Ivan T. 223 Mechanic St. (GP)
Martinez, Guillermo 502 Third St. (GS)

McNeely, Matthew J. (S)
Box 35, Dillsboro, 47018 (GP)

LAWRENCEBURG
(*Zip Code* 47025)

Bowen, Gerald T. 209 Fourth St. (FP)
Burst, Stephen J. 370 Bielby Rd. (PD)
Conrad, Henry W. 370 Bielby Rd. (FP)
Dizon, R. H. Dearborn County Hosp. (ANES)
Frable, Frank L., Jr. 370 Bielby Rd. (GS)
Houston, Fred D. 30 W. High St. (GP)
Morrison, George G., Jr. 209 Fourth Ave (GP)
Pfeifer, James M. 319 Front St. (IM)
Rhodes, Alfred K. 370 Bielby Rd. (OBG)
Scudder, Gary E. 370 Bielby Rd. (GP)

Fessler, Gordon S.
226 Main St., Rising Sun, 47040 (GP)

DECATUR COUNTY

GREENSBURG
(*Zip Code* 47240)

Acher, Robert P. 221 E. Washington St. (FP)
Copeland, Lanny Ross 232 N. Broadway (FP)
Dickson, Dale D. 333 E. First St. (GP)
Domingo, Ricardo C. Domingo Bldg. (GP)
Ducanes, Arnold D. 215 N. Franklin St. (GP)
Miller, James C. 317 N. Franklin St. (GP)
Morrison, James T. 207 N. Franklin St. GP)
Paje, Alfredo Q. Murphy Bldg. (GP)
Shaffer, Wm. R. 214 N. Franklin St. (EM)

Porter, Robert A. Westport 47283 (PUD)
Nazareno, Natividad G. Westport 47283 (GP)

DE KALB COUNTY

AUBURN
(*Zip Code* 46706)

Covell, Harry M. (S) 127 W. 7th St. (GP)
Edwards, J. Robert 903 S. Cedar St. (GS)
Harvey, John C. 405 S. Main St. (GP)
Hathaway, Clayton B., Jr. ..1005 Nicholas St. (GP)
Hathaway, Wm. H. 1005 Nicholas St. (GP)
Hines, John H. 403 Main St. (GP)
Hippensteel, Harland V. P.O. Box 107 (GP)
Jinnings, Loren E. (S) P.O. Box R.R. 3 (GP)
Rogers, Evered E. 212 W. Sixth St. (GP)
Souder, Bonnell M. (S) 206 W. Seventh St. (A)
Wills, Max 347 W. Seventh St. (GP)

Shultz, Clifford J. R.R. 1, Box 126, Butler 46721 (GP)
Nason, Robert A. 123 E. King St., Garrett 46738 (GP)
Novy, Charles A. 4703 Arlington Park Blvd., Ft. Wayne 46815 (GP)
Coleman, Floyd B. Waterloo 46793 (GP)
Graber, Benjamin R. ..Family Doctor Clinic, Waterloo 46793 (GP)
Hughes, William B. Waterloo 46793 (GP)

Kantzer, Floyd B. (S) 12436 Morrow Ave., N.E., Albuquerque, N.M. 87112 (GP)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D. Albany 47320 (FP)
Puterbaugh, Karl E. (S) Albany 47320 (GP)
Stephens, Robert W. 4730 Royal Oak Lane, Carmel 46032 (OTO)
Stephens, Susan A. 4730 Royal Oak Lane, Carmel 46032 (US)
Butz, Ralph O. 1523 Altawood Dr., Clarksville 47130 (TS)
Egger, Ross L. .R.R. 1, Box 75, Daleville 47334 (FP)
Hurley, John R. Box 545, Daleville 47334 (GP)
Rudicel, Max H. R. R. 1, Daleville 47334 (FP)
Weisner, Richard M. R.R. 1, Eaton 47338 (FP)
Ko, Richard C. B. Gaston 47342 (GP)
Willman, Joe R. R. 1, Gaston 47342 (PATH)

HARTFORD CITY

(*Zip Code* 47348)

Dodds, James U. (S) 227 W. Main St. (GP)
Owsley, Guy A. (S) 214 N. High St. (OTO)
Parks, George O. 720 N. Spring St. (GP)
Sulit, Severino T. 603 E. North (GS)
Weldy, Bryce P. 227 W. Franklin St. (OTO)
Werry, Leslie E. (S) 1228 N. High St. (OS)

Burns, Paul E. 121 E. High St., Montpelier 47359 (GP)
Hunsberger, Donald W.
117 W. High St., Montpelier 47359 (GP)
Ingram, Richard
206 S. Main St., Montpelier 47359 (GP)

MUNCIE

(*Zip Code* 473 *plus zone number*)

Adams, Julia L. 4608 W. Jackson St. (06) (GP)
Adams, William B. ..4608 W. Jackson St. (04) (AN)
Alexander, Jack L. Norwood Office Ct. (02) (PD)
Alvey, Charles R. 115 N. Cherry St. (05) (FP)
Ashburn, Clarence M. 2810 Ethel Ave. (04) (ANES)
Ball, Clay A. (S) Westminster Village, R.R. 9, Bethel Pike (02) (OO)
Ball, Philip 2600 W. Jackson St. (03) (IM)
Baltzer, Donald J. 2810 Ethel Ave (04) (ANES)
Benken, Lawrence D.
1111 W. Jackson St. (05) (OBG)
Bergwall, Warren L. ...2923 W. Jackson St. (04) (FP)
Berner, Herbert W. ...2501 W. Jackson (03) (OBG)
Boberg, Arthur R. 420 W. Washington St. (05) (IM)
Border, John F. 3729 W. Jackson (04) (IM)
Botkin, Charles T. ..400 White River Blvd. (03) (GP)
Botkin, Clyde G. 508 W. Jackson St. (05) (GP)
Branam, George E. ...38 Warwick Rd. (04) (PATH)
Brown, Leland G. 412 White River Blvd. (03) (ORS)
Brown, Thomas M. ..212 N. Pauline Ave. (03) (IM)
Burns, Anthony J. 2810 Ethel Ave. (04) (AN)
Burwell, Stanley W. ...424 W. Jackson St. (05) (GS)
Byrn, James Richard .806 West Jackson St. (05) (PD)
Clark, Robert M. ..2809 Godman Ave. (04) (OPH)
Clouse, John F.
Ball State University Health Center (06) (GP)
Cooper, John F. ...3022 S. Madison (02) (GP)
Coulon, Thomas F. 1604 Brentwood (04) (GS)
Covalt, Wendell E. 2724 W. North St. (03) (GS)
Cullison, John L. .Ball Memorial Hospital (03) (IM)
Cure, Elmer T. (S) 801 Ashland Ave. (05) (P)
Dersch, David M. ..2501 W. Jackson St. (03) (OBG)
Dietz, David J. 2810 Ethel Ave. (04) (FP)
Dowell, Anthony R. 420 Washington (05) (PUD)
Dunning, Thomas W. .1600 W. McGalliard (04) (GP)
Dutchman, William R. .2810 Ethel Ave. (04) (ANES)
Galliher, Marjorie J. .410 White River Blvd. (03) (GP)
Geckler, Charles E. ..1007 W. North St. (03) (PATH)
Gibson, Robert K 806 W. Jackson St. (05) (PD)
Goodell, Charles L. 308 White River Blvd. (NS)
Gray, Stuart A. 2200 Janney Ave. (04) (OS)
Gray, Wayne L. 3729 W. Jackson St. (04) (CD)
Gustafson, Milton H. ..2606 W. Jackson St. (03) (D)
Habansky, Alan J. 412 Whiteriver Blvd. (03) (ORS)
Hayes, Theodore R. (S) 520 W. Main St. (05) (U)
Henderson, Ramon A. 806 W. Jackson St. (05) (PD)
High, Ralph L. ..420 W. Washington St. (05) (OBG)
Hollingsworth, Thomas H. ..217 N. Cherry (05) (GP)
Holmes, John L. ..412 White River Blvd. (03) (ORS)
Imhof, Joseph D. 320 W. Adams St. (05) (DR)
Kalker, Morton 704 Greenbriar Rd. (04) (AN)
Kammer, Grace C. ..420 W. Washington St. (05) (IM)
Kirshman, Forrest E. (S) 41 Briar Road (04) (GP)
Koch, Edwin F., Jr. 2401 University Ave (03) (R)
Koss, K. William 1600 W. Jackson St. (03) (FP)
Kress, James W. 2809 Godman Ave. (04) (GS)
Lawson, Lawrence J. 3117 Petty Rd. (04) (GS)
Leiphart, Charles 2401 University Ave. (03) (R)
McCallister, Larry L. 2518 Rosewood (04) (GP)
McClintock, James A. ...316 W. Adams St. (05) (GS)
McConnell, Thomas L. 615 Catalpa Dr. (04) (FP)
McDowell, Fletcher W. ...926 W. Main St. (05) GS)
McVay, Richard S. ..Ball Memorial Hosp. (03) (PTH)
Mathewson, Russell C.
1802 W. McGalliard Rd. (04) (P)
Miller, Stephen R. R.R. 8, Box 456 (02) (US)
Montgomery, Lall G. (S)
Ball Memorial Hospital (03) (PATH)
Montgomery, Ralph F. 2501 W. Jackson (03) (OBG)
Moore, Jack C. ..1812 W. McGalliard Rd. (04) (IM)
Morton, Wm. N. ..420 W. Washington St. (05) (IM)
Nelson, Harold E. ..308 Whiteriver Blvd. (03) (IM)
Newnam, Philip E. 420 W. Washington St. (05) (IM)
Osborne, John V. ..420 W. Washington St. (05) (GS)
Paff, James R. 200 N. Cole (03) (PTH)
Peacock, Robert C. 2724 W. North St. (03) (U)
Pell, Donald M. Box 2900 (02) (IM)
Pippenger, Joseph I. ...310 W. Jackson (05) (GP)
Quick, William J. (S)
314 E. Washington St. (05) (GP)
Rittmeyer, Jack L. ...1309 Ridge Rd. (04) (IM)
Roch, L. Marshall ..308 Whiteriver Blvd. (03) (OPH)
Searight, Howard R.
2923 W. Jackson St. (04) (OTO)
Shaw, Matthew C. ..2810 Ethel Ave. (04) (ANES)
Snyder, Richard J. 1111 W. Jackson (03) (OBG)
Songer, Joseph M. 3729 W. Jackson St. (04) (IM)
Speck, Carlson R. ..Ball Memorial Hospital (03) (R)
Stanley, John R. ...1111 W. Jackson St. (05) (OBG)
Stibbins, Warren E. 2605 Wheeling Ave. (04) (GP)
Taylor, Donald R. ..Ball Memorial Hospital (03) (R)
Tharp, Donald W. 3121 Petty Rd. (04) (OPH)
Tharp, John D. 2923 W. Jackson St. (05) (U)
Tomlin, Hugh M. .420 W. Washington St. (05) (IM)
Tuason, Ricardo M. 926 West Main St. (05) (GS)
Vlaskamp, Elaine (S) ..500 W. Charles St. (05) (OBG)
Voss, Gert 420 W. Washington St. (05) (OBG)
Walker, Jack M. ..412 White River Blvd. (03) (ORS)
Weir, Rosemary 1410 Maddox (04) (US)
Wince, Leland L. 806 W. Jackson St. (05) (PD)
Workman, Barbara E. ..2401 University (03) (R)
Yarling, John L. 2901 N. Tillotson (04) (CHP)
Young, Gerald S. 924 W. Main St. (05) (PD)

Jay, Arthur C. .R.R. 1, Box 387, Parker 47368 (PTH)
Hinchman, Jean F. Parker 47368 (FP)

YORKTOWN
(*Zip Code* 47396)

Caudill, Rodney C. Box 427 (P)
Cole, Larry G. 1003 E. Smith (US)
Cooley, Paul P. Yorktown 47396 (GP)
Hill, Robert E. (S) P.O. Box 306 (GP)
Reedy, Richard L. 1003 E. Smith St. (GP)

Carter, Arnold L. 14093 Recuerdo Drive Del Mar, Calif. 92014 (Military)
Grannemann, Harry N. 1000 W. Tenth St., Rolla, Mo. 65401 (PTH)
Kresge, Charles L. 3172 Autumn Ridge Ct., Dayton, Ohio 45414 (US)

DUBOIS COUNTY

Encinas, Senen J. ..Crawford Medical Clinic, English 47118 (GP)
Backer, Henry G. (S) Ferdinand, 47532 (GP)
Held, George A. 51 Pine Drive, Christmas Lake Village, Santa Claus 47579 (OO)
Geronimo, Jose Santa Claus 47579 (GP)
Magbag, Wenceslao G. Fifth and Lin St., Holland 47541 (GP)

HUNTINGBURG
(*Zip Code* 47542)

Amini, Sohrab 521 Fourth St. (GS)
Borges, Victor V. J. 409 Van Buren St. (GS)
Craig, Harry L. Leland Heights (GP)
Hakami, Mohamed I. Huntingburg Clinic (OBG)
Scales, Alfred B. (S) R.R. 3, Apt. 3-F (ABS)
Scales, Allen D. 409 Van Buren (GP)
Stork, Harvey K. (S) 509 Fourth St. (GP)

JASPER
(*Zip Code* 47546)

Beaven, John B. 721 W. 13th St. (ABS)
Bomalaski, M. Donald 1005 Kuebler Pl. (DR)
Drew, Daniel C. Medical Arts Bldg. (GP)
Gartner, Jose C. Memorial Hosp. (AN)
Gootee, Francis H. 501 Clay St. (FP)
Gootee, Thomas H. 501 Clay St. (GP)
Heck, Martin C. Box 188 (GP)
Kemker, Bernard 721 W. 13th St. (GS)
Klamer, Charles H. 715 MacArthur St. (GP)
Leon, Mario Medical Arts Bldg. (GP)
Lukemeyer, St. John (S) 109 W. 12th St. (GP)
Ploetner, Edward J. Medical Arts Bldg., 721 W. 13th St. (GS)
Salb, John P. 721 W. 13th St. (GP)
Wagner, Arthur L. 115 E. Ninth St. (GP)

ELKHART COUNTY

Cripe, Earl P. ..328 N. East St., Bremen 46506 (EM)
Horswell, Richard G. Bristol 46507 (IM)

ELKHART
(*Zip Code* 46514)

Arlook, Theodore D. ...912 W. Franklin St. (D)
Atwood, William H. The Elkhart Clinic (IM)
Benson, James E. The Elkhart Clinic (P)
Billings, Elmer R. The Elkhart Clinic (IM)
Bloom, George R. 236 Simpson St. (FP)
Boling, Richard C. ...1332 W. Indiana Ave. (OPH)
Bowdoin, George E. (S) ...515 S. Second St. (GP)
Campbell, Patrick B. 605 Oakland Ave. (PD)
Cassim, Rechad M. The Elkhart Clinic (PD)
Classen, Pete R. C. 4112 S. Main St. (GP)
Collins, John B. 236 Simpson St. (FP)
Compton, Walter A. ...2225 Greenleaf Blvd. (OM)
Cormican, Herbert L. 1400 Hudson St. (OBG)
Dew, D. C. The Elkhart Clinic (GS)
Dovey, Edward G. 513 Oakland Ave. (U)
Durham, Thomas E. P.O. Box 1247 (ORS)
Echeverria, Rodolfo E. P.O. Box 1247 (ORS)
Elliott, Thomas A. The Elkhart Clinic (IM)
Fear, Olan D. Box 2507 (IM)
Finfrock, James D. 515 S. Second St. (GS)
Futterknecht, James O. The Elkhart Clinic (GS)
Gattman, G. Beach The Elkhart Clinic (PD)
Graber, Virgil R. 1400 Hudson St. (OBG)
Hannah, Jack W. ...1906 E. Jackson Blvd. (ANES)
Heiser, Ervin W. 1400 Hudson St. (OBG)
Himmelsbach, Wm. A. .Miles Laboratories, Inc. (OM)
Hurley, James W. The Elkhart Clinic (GE)
Hussey, Lawrence K. 1638 Victoria (PTH)
Ivy, John H. Box 2507 (IM)
Jones, Robert B. 1528 W. Franklin (OTO)
Kesim, Mufit H. 1332 W. Indiana Ave. (PD)
Kintner, Burton E. ...Simpson & Superior Sts. (GP)
Klassen, Otto D. ..Oaklawn Psychiatric Center (CHP)
Knight, E. Larry The Elkhart Clinic (END)
Krause, Friedrich 4117 S. Main St. (GP)
Lamb, Fred K. The Elkhart Clinic (N)
Lundt, Milo O. (S) 1400 Hudson St. (U)
Luther, William C. 3006 East Lake Dr., S. (EM)
McArt, Bruce A. 1332 W. Indiana (GS)
Martin, Paul H. 1519 Strong Ave (PH)
Middleton, Ramona J. 1400 Hudson St. (OBG)
Miller, Galen R. 403 S. Ninth St. (GS)
Miller, Hugh A., Jr. 417 Prospect (IM)
Miller, Samuel T. (S) 174 Witmer Ave. (OO)
Mishkin, Irving 209 S. Second St. (GP)
Mishkin, Marvin 209 S. Second St. (IM)
O'Donovan, Cornelius J. Miles Laboratories, Inc. (IM)
Ojha, Brij. B. Elkhart Clinic (OPH)
Paff, William A. 1509 Meadow Lane (IM)
Paine, George E. 329 Meisner Ave. (ANES)
Pancost, Vernon K. 1000 W. Marion St. (GP)
Papadopoulos, Aristides P. P.O. Box 1247 (ORS)
Parshall, Dale B. Elkhart Gen. Hosp. (R)
Peterson, James A. The Elkhart Clinic (PD)
Pletcher, William D. The Elkhart Clinic (IM)
Price, Robert W. 2600 Oakland Ave. (P)
Reed, James C. The Elkhart Clinic (D)
Rouen, Robert L. 1209 Harrison St. (OPH)
Rupe, Lloyd O. 211 S. Fifth St. (GS)
Scheer, Alexander L. The Elkhart Clinic (OTO)
Schlosser, Herbert C. (S) 1220 E. Jackson (US)
South, Dale R., Jr. ...Simpson & Superior Sts. (FP)

Spray, Page E. 320 W. High St. (GP)
Stubbins, William M. 1006 W. Franklin St. (GS)
Swank, Lucretia R. 1600 E. Jackson Blvd. (US)
Swihart, Danny D. Simpson & Superior Sts. (FP)
Wilson, Orley E. (S) 2505 Greenleaf (GP)
Yoder, C. Richard 603 Oakland Ave. (PD)
Yuhn, Robert B. 2020 Greenleaf Blvd. (P)
Zeitler, Philip S. 1332 W. Indiana Ave. (ORS)

GOSHEN
(*Zip Code* 46526)

Bigler, Frederick W. 124 Parmley (AN)
Bosler, Howard A. (S) 302 River Vista Dr. (OS)
Chandler, Leon H. 112 E. Lincoln Ave. (GS)
Gunderson, Shaun D. R.R. 3, Goshen Gen. Hosp. (R)
Harris, Neil R. 307 S. Seventh St. (GP)
Massanari, Walter S. 211 Egbert Rd. (ANES)
Quilty, Thomas J. 112 E. Madison St. (OTO)
Smucker, Ernest E. 112 S. Fifth S. (GS)
Troyer, Dana O. 201 E. Clinton St. (OPH)
Turner, John P. 115 E. Washington St. (GP)
Young, Ralph H. (S) 113 E. Madison St. (OM)

MIDDLEBURY
(*Zip Code* 46540)

Friesen, G. Weldon 103 Brown St. (ID)
Unzicker, Roger 103 Brown St. (FP)
Weybright, W. L. 103 Brown St. (GP)
Yoder, Carl J. 103 Brown St. (GP)

Rheinheimer, Floyd L. Milford 46542 (GP)
Yoder, Jonathan G. (S) P.O. Box 126, Kathmanda, Nepal (GP)

NAPPANEE
(*Zip Code* 46550)

Graber, Alvin R. 357 N. Nappanee St. (GP)
Kendall, Forest M. 654 Woodland Ct. (EM)

DeFries, John J. New Paris 46553 (GP)
Conklin, Raymond L. (S) 215 Swanson Circle W., South Bend 46615 (OM)

SYRACUSE
(*Zip Code* 46567)

Clark, Jack P. Box 607 (FP)
Craig, Robert A. Box 607 (GP)
Fosbrink, Ephraim L. ..218 S. Huntington St. (GP)
Meyers, William L. R.R. 3 (GP)
Zimmerman, William H. 14471 CR-48 (GP)

Guttman, John B. Wakarusa 46573 (GP)
Miller, James R. Box 421 Wakarusa 46573 (GP)

Todd, David D. (S)
6455 La Jolla Blvd., La Jolla, Calif. 92037 (OS)

FAYETTE-FRANKLIN COUNTIES

BROOKVILLE
(*Zip Code* 47012)

Guinigundo, Noli C. .R.R. 4, Hidden Valley Lane (FP)
Peters, Elmer E. 830 Main St. (GP)
Seal, Perry F. 901 N. Main St. (GP)

Mendoza, Felicisimo S.
710 W. Parkway Dr., Cambridge City 47327 (GP)

CONNERSVILLE
(*Zip Code* 47331)

Angeles, Armando E. 1926 Virginia Ave. (GS)
Ellis, George M. 108 E. 10th St. (FP)
Faulkner, Barbara E. 321 W. 20th St. (IM)
Kerrigan, William F. ...Professional Arts Bldg. (AN)
Lockhart, Jack M. 707 W. Third St. (IM)
Mazdai, Abouzarjoemehr 707 W. Third St. (GS)
Mufti, Zahir-Ul-Haque 321 W. 20th St. (IM)
Rosen, Irwin Chas. 1941 Virginia Ave. (AN)
Sanders, Bertram W. 634 Eastern Ave. (GP)
Steinem, Joseph L. 818 Grand Ave. (GP)
Taube, Robert R. 321 W. 20th St. (GS)
Ulgado, Edmundo S. 1936 Virginia Ave. (GP)

Neukamp, Frank H. General Delivery, Santa Barbara, Calif. 93102 (OO)

FLOYD COUNTY

Best, Maurice M. Southern Hills Lake, R.R. #2, Borden 47106 (CD)
Boha, Rudolf L. R.R. 3, Box 234, Floyds Knobs 47119 (GP)
Bickers, Everett E.
R.R. 3, Box 572, Floyds Knobs 47119 (GP)
Higgins, John R. R.R. 3, Box 549, Floyds Knobs 47119 (GS)
Allen, George S. Georgetown 47122 (GP)

NEW ALBANY
(*Zip Code* 47150)

Ahmad, Waheed 1524 Sunset Dr. (GS)
Baker, Avey M. (S) 811 E. Spring St. (GP)
Barbee, John Y. Jr. 1919 State St. (OPH)
Baxter, Samuel M. (S) ..31100 Centralia Ct. (OTO)
Brown, Kenneth H. 1654 Hedden Park (GP)
Bowman, Leon W. ..104 Professional Arts Bldg. (GP)
Buchman, Marshall H. 1824 State St. (GP)
Bundy, Vernon 700 Spring St. (GS)
Cannon, Daniel H. 1201 E. Spring St. (FP)
Cook, Melvin D. 1919 State St. (GS)
Edwards, William F. (S) ...604 E. Spring St. (OTO)
Garner, William H., Jr. 919 E. Spring St. (GS)
Garner, William H., Sr. (S) ...919 E. Spring St. (GS)
Ginsherman, A. B. 1827 State St. (GP)
Habermel, John F. 908 E. Spring St. (CD)
Harlowe, Stuart E. 15 Trimingham Rd. (U)
Hess, Paul P. 1313 Ridgeway (PD)
Irigoyen, David E. 1919 State St. #321 (P)
Johnson, William V. 1919 State St. (R)
LaFollette, Robert E. 1000 E. Spring St. (GP)
McCullough, James Y. 700 E. Spring St. (GS)
Nedelkoff, Bogdan R.R. 2, Box 500H (PATH)
Paris, John M. 1919 State St. (FP)
Pierce, Gene S. 112 Professional Arts Bldg. (FP)
Pope, Howard A. 1919 State St. #205 (GP)
Receveur, Robert 2626 Charlestown Rd. (GP)
Robertson, Addis N. (S) ...820 E. Spring St. (GP)

Robinson, Nan E. 1726 State St. (PD)
Ruoff, William F. 1349 Grable Ct. (IM)
Shelton, Clyde F. 1726 State St. (PD)
Sonne, Irvin H., Jr. 1546 Sunset Dr. (R)
Streepey, Jefferson I. 1919 State St. #205 (GP)
Voyles, Harry E. (S) 213 Elsby Bldg. (GP)
Wallace, Elmer L. 1919 State St. (GP)
Weiss, Robt. M. 207 Professional Arts Bldg. (D)
Wolfe, Morton F. 2533 Glenwood Ct. (GP)
Wolfe, Nelson A. ...205 Professional Arts Bldg. (GP)
Worley, Henry L. 601 E. Spring St. (OPH)
Youngs, Paul E. 104 Professional Arts Bldg. (US)

Jones, Thomas M. 2839 Weston Ridge Drive,
Cincinnati 45239 (OTO)

FOUNTAIN-WARREN COUNTIES

COVINGTON

(*Zip Code* 47932)

Hoffman, Max N. 416 Union St. (GP)
Stephens, Lowell R. Box 185 (FP)
Suzuki, Tsutomu T. 505 Washington St. (GP)

Petrich, Peter R.
401 S. Perry St., Attica 47918 (GP)
Furr, Jack Dean Hillsboro 47949 (GP)
Person, Theodore C. 601 N. Mill St.,
Veedersburg 47987 (GP)
Rusk, Hubert M. (S) Wallace 47988 (GP)
Nelson, Carl A. P.O. Box 278,
West Lebanon 47991 (GP)
Brenner, Hugo A. 412 N. Monroe,
Williamsport 47993 (GS)
Ringer, William A. Williamsport 47993 (GP)
Salvo, At S.
403 West Monroe, Williamsport 47993 (AN)

FULTON COUNTY

Herrick, Charles L. Akron 46910 (US)
Kraning, Kenneth K. Kewanna 46939 (GP)

ROCHESTER

(*Zip Code* 46975)

Aluning, Pastor D. Jr. 819 E. Ninth St. GS)
Del Rosario, Pedro G. 121 W. Eighth St. (GP)
Richardson, Joseph D. 121 W. Eighth St. (FP)

GIBSON COUNTY

Pruitt, Don E. ..R.R. 8, Box 144, Evansville 47711 (R)
Geick, Raymond G. 109 N. McCreary St.,
Fort Branch 47648 (GP)
Petitjean, Harold G. ..R.R. 2, Haubstadt 47539 (FP)
Marchand, Edwin V. (S)
5700 Ward Rd., Evansville 47711 (GP)
Dye, William E. Oakland City 47560 (GP)

PRINCETON

(*Zip Code* 47670)

Graves, Orville M. (S) 125 W. Walnut St. (GP)
Lindauer, David H. P.O. Box 509 (GP)
McCarty, Virgil (S) 113 S. Main St. (US)
McElroy, Robert S. 116 S. Main St. (ABS)
Peck, James F. 302 N. Prince St. (GP)
Rayes, Joseph L. 1814 Sherman Dr. (GS)
Weitzel, Roland E 114 S. Hart St. (GP)
Wells, William R. 510 N. Main St. (GP)

GRANT COUNTY

Shrock, Ethan E. Amboy 46911 (GP)
Malott, Fred R. Converse 46919 (GP)
Yale, Charles A. Fairmount 46928 (EM)
Garrison, Leon J. (S)
515 E. Main St., Gas City 46933 (GP)
Koontz, William A.
334 E. Main St., Gas City 46933 (GP)
Shoemaker, Richard L.
212 E. North C St., Gas City 46933 (GP)
Baskett, Russell J. 408 Main St., Jonesboro 46938 (GP)

MARION

(*Zip Code* 46952)

Abell, Charles F. ...Professional Arts Center (ORS)
Ayres, Wendell W. (S) ..1807 N. Hawthorne Rd. (GS)
Bean, William J. 1251 Kem Rd. (D)
Belcher, Alan D. Marion General Hosp. (R)
Bloom, Asa Ward 610 River Dr. (PH)
Botkin, James E. 706 River Dr. (FP)
Bourke, William W. (S) 1211 Euclid Ave. (P)
Boyer, Grace M. B. (S) 607 Locust St. (OBG)
Brandes, David C. 123 River Dr. (U)
Brown, Robert M. Marion Nat'l Bank Bldg. (GP)
Camarata, James C. 1270 Dogwood Ct. (R)
Chaney, Robert D. 1326 Woodland Dr. (ANES)
Comeau, William J. 918 Hawthorne Rd. (R)
Cunningham, Robert D. 500 Wabash Ave. (IM)
Davis, Joseph B. 131 N. Washington St. (GS)
Donaldson, Miles W. 706 River Dr. (GP)
Faustino, Carlos D. 710 Jeffras Ave. (AN)
Fisher, Henry 1502 S. Washington St. (FP)
Fisher, Pierre J., Jr. 500 Wabash Ave. (GS)
Fuelling, James L. 217 E. Grant (OPH)
Ganz, Max 1251 Kem Rd. (GP)
Gargett, James Michael 706 River Rd. (FP)
Glock, Douglas E. 707 River Rd. (ORS)
Goldberg, B. Richard 1251 Kem Road (OO)
Goldsmith, David A. 2711 River Rd. (IM)
Grant, M. Arthur P.O. Box 1088 (ANES)
Guevara, Frenita B. Marion Hospital (IM)
Guevara, Teodoro G. 1251 Kem Rd. (IM)
Hemphill, Roger A. 1609 Chapel Pike (IM)
Hummel, Russel M. 500 Wabash Ave. (GP)
Jackson, Robert F. ..105 Professional Arts Bldg. (GS)
Jarrett, John C. 702 River Dr. (OBG)
Jesch, Doris 706 Gardner Drive (PD)
Joshi, Prakash N. 500 Wabash Ave. (IM)
Kershner, Charles R. 1251 Kem Road (ORS)
Khalouf, Herbert C. 1251 Kem Road (GS)
Khalouf, Shirley T. 1204 Overlook Road (PMR)
Lahr, Richard E. 815 Jeffras Ave. (GP)
Lavengood, Russell W. (S)
801 W. Fourth St. (GP)

Long, Max R. 803 S. Boots St. (GP)
Manalo, F. S. 801 Jeffras Ave. (ANES)
Musselman, Laurence K. 500 Wabash Ave. (P)
Pattison, John D. 131 N. Washington St. (IM)
Pearcy, Marcene P.O. Box 987 (U)
Powell, James Paxton 500 Wabash Ave. (GS)
Rajachar, Mathikere R. 1328 W. Forest Lane (IM)
Raju, S. Gopal Fairmount Clinic (GS)
Recometa, Oscar D. ...131 N. Washington St. (OBG)
Reid, James D. 932 Gustave Pl. (OPH)
Rhamy, Donald E. P.O. Box 987 (U)
Rhorer, John G. ...106 Professional Arts Bldg. (FP)
Shah, Ajit 702 River Dr. (OBG)
Shuck, William A., Jr. 1251 Kem Road (GS)
Simmons, Frederick H. 1009 N. Baldwin (OTO)
Skomp, Claud E. (S) 1123 Euclid Ave. (R)
Smith, Barton T. 702 River Dr. (OBG)
Smith, Evrett E. 5089 Peconga Dr. (R)
Smyrniotis, Frank E. 1251 Kem Road (GE)
Snowhite, Arthur B. 500 Wabash Ave. (OPH)
Thompson, B. Jay ...Marion General Hosp. (PATH)
Tomlinson, Jerry A. 1806 N. Denver Drive (PATH)
Urgena, Regino B. 5857 N.-500 West (ANES)
Vesey, William J. 1251 Kem Rd. (OTO)
Vinluan, Teofilo S., Jr. ..131 N. Washington St. (IM)
Walton, R. Lee 1251 Kem Road (PD)
Warren, Carroll B. 317 N. Western (OBG)
Wilson, Ned A. 317 N. Western Ave. (PD)
Wojcik, Ladislas D. 131 N. Washington St. (PD)
Young, Robert G. Box 1132 (EM)

Goetcheus, A. Janelle ..Box 544, Upland 46989 (GP)
Taylor, Everett C. (S).....Upland 46989 (GP)
Rifner, Eugene S. Van Buren 46991 (GP)
Rhamy, Arthur P. (S) ...R.R. 5, Wabash 46992 (U)

GREENE COUNTY

BLOOMFIELD

(*Zip Code* 47424)

Graf, Jerome A. (S) 227 W. Mechanic St. (AN)
Lardizabal, Jose M. P.O. Box 48 (GP)
Mount, Mathias S. (S) 148 S. Lewis St. (GP)
Turner, Harold B. (S) 124 E. Indiana Ave. (GP)

JASONVILLE

(*Zip Code* 47438)

Porter, Carl M. 124 Cook St. (GP)
Rotman, Harry G. ...111 E. Main St., Box 185 (US)
Rotman, Sam I. P.O. Box 127 (GP)

LINTON

(*Zip Code* 47441)

Broshears, Kenneth P. 129 E. Vincennes (GP)
Raney, Ben B. (S) 129 E. Vincennes (AN)
Tomak, Milton E. 289 N. Main St. (GP)
Woner, John W. Linton (GP)

Powers, William R. Lyons 47443 (FP)
Tran, Lau Lyons Clinic, Lyons 47443 (GP)
Moses, George E. (S) Worthington 47471 (GP)
Moses, Robert E. Worthington 47471 (GP)

HAMILTON COUNTY

Ayers, Marion E.
7979 Englewood Rd., Indianapolis 46240 (ANES)

NOBLESVILLE

(*Zip Code* 46060)

Ambrose, Jesse C. 298 N. Ninth St. (GP)
Bilodeau, Richard G. R.R. 6, Box 400 (DR)
Blackburn, Howard R. ...14010 Allisonville Rd. (R)
Carter, Eunice M. 585 Sherman Rd. (PD)
Lanning, R. Adrian 998 North Dr. (GP)
Lloyd, Joe R. 107 John St. (GP)
Mirkes, Seymour H. 102 Downing Court (DR)
Thomas, W. Clayton 107 John St. (GPM)

Manhart, Doyle B.
501 E. 5th St., Sheridan 46069 (GP)
Newby, H. Eugene
201 W. 4th St., Sheridan 46069 (GP)

Shanks, Ray W. (S)
1148 Lucerne Ave., Cape Coral, Fla. 33904 (OO)

HANCOCK COUNTY

Garrison, James L. Cumberland 46229 (GP)
Rhynearson, Hal R. Fortville 46040 (GP)

GREENFIELD

(*Zip Code* 46140)

Anderson, James T. 120 W. McKenzie Rd. (FP)
Beeson, Wilbur P. 120 W. McKenzie Rd. (FP)
Endicott, Wayne H. 120 W. McKenzie Rd. (FP)
Farrell, John J., Jr. 120 W. McKenzie Rd. (AN)
Haas, Ray A. 1517 Chapman Dr. (OS)
Henn, R. Anthony 137 Michigan (GP)
Hunter, Donn R. 120 W. McKenzie Rd. (FP)
Kirby, Ted C. P.O. Box 707 (GP)
Moenning, John E. 120 W. McKenzie Rd. (GS)
Pareja, Frank S. 804 N. State St. (GP)
Rea, Ralph L. 120 W. McKenzie Rd. (FP)
Reed, Donald W. 1305 Sherwood Dr. (P)
Sharp, Gary C. 120 W. McKenzie Rd. (FP)
Singco, Bienvenido O. 1513 Brunner Dr. (GP)
Smith, John H. 144 Grandison Rd. (AN)

Cagle, Bob R. New Palestine 46163 (GP)
Arive, Floro F. Oaklandon 46236 (GP)
Hensley, Harry T. 11929 E. 65th St., Oaklandon 46236 (GP)
Miller, Joseph A. 11825 Broadway, Oaklandon 46236 (GP)
Matlock, Carl K. Shirley 47384 (GP)
Kuhn, Robert W. Wilkinson 46186 (FP)

HARRISON-CRAWFORD COUNTIES

CORYDON

(*Zip Code* 47112)

Blessinger, Louis H. 101 W. Chestnut St. (GP)

Brockman, Wilfred J. 439 E. Chestnut (GP)
Dillman, Carl E. (S) Beaver & Oaks Sts. (GP)
Dukes, David J. 439 E. Chestnut St. (GP)
Jordan, Richard A. Harrison Drive (FP)
Martin, Samuel W. R.R. 1 (GP)

May, R. Milton (S) Laconia 47135 (GP)
Seipel, Stanley Lanesville 47136 (GP)
Benz, Jesse C. (S) Marengo 47140 (OO)

HENDRICKS COUNTY

BROWNSBURG

(*Zip Code* 46112)

Baker, Glenn Box 36 (FP)
Black, M. James Box 36 (GP)
Scudder, Arthur N. 24 N. Grant St. (GP)
Walker, Thomas M. 702 E. Main St. (GP)

DANVILLE

(*Zip Code* 46122)

Cheesman, Donald D. 100 Meadows Dr (GP)
Duncan, William A. 204 Meadows (OBG)
Gibbs, Joseph W. 445 Mill St. (GP)
Heinlein, Carl L. 637 E. Main St. (GP)
Hibbeln, Thos. J. 206 Meadow Drive (GS)
Kerlin, Joseph C. 100 Meadow Dr. (GP)
Kirtley, Robert W. 350 Urban St. (GP)
Koch, Elmer L. 201 E. Columbia St. (GP)
Taylor, Robert L. 206 Meadow Dr. (GS)
Terry, Lloyd S. 292 W. Marion St. (GP)

Ellis, Lyman H. (S) Lizton 46149 (GP)
Scamahorn, Malcolm O. Pittsboro 46167 (GP)
Irwin, R. Stephen
P.O. Box 345, Roachdale 46172 (FP)
Long, Malcolm D. R.R. 1, Box 342,
Westfield 46074 (R)

PLAINFIELD

(*Zip Code* 46168)

Clark, Eric D. 1655 Hawthorne Dr. (GP)
Cohen, Irving 645 E. Main St. (FP)
Edwards, Wm. Albert 1655 Hawthorne Dr. (US)
Hadley, David M. 301 South East St. (FP)
Haggard, David B. 301 South East St. (GP)
Mitman, Ursula E. R.R. 2, Box 322 (DR)
Wagner, William 1655 Hawthorn Drive (US)

HENRY COUNTY

Donahue, Francis E. Dublin 47335 (GP)
Miller, William A. (S)
99 S Washington, Hagerstown 47346 (GP)
Gatmaitan, Alejandro V.
235 E. Carey, Knightstown 46148 (GP)
Stauffer, George E. Mooreland 47360 (GP)
Valena, Dominador V.
1206 N. Petty Rd., Muncie 47304 (AN)

NEW CASTLE

(*Zip Code* 47362)

Bledsoe, James G. 319 S. 14th St. (GP)
Brock, Joseph T. New Castle State Hospital (N)
Burnett, Arthur B. (S) 801 Melody Lane (OPH)
Cain, David R. 1912 Bundy Ave. (GP)
Campbell, Sam W. 901 McCormack Dr. (R)
Dye, Cloyd L. 1007 N. 16th St. (IM)
Easter, James N. 1912 Bundy Ave. (GP)
Fisher, John E. 540 S. Main St. (IM)
Foster, Ray T. 420 N. Main St. (OM)
Grant, Phyllis A. 530 S. Main St. (FP)
Heilman, William C., Jr. 1007 N. 16th St. (GP)
Hill, Kenneth G. 710 South 14th St. (FP)
Ho, Kai Chia New Castle State Hosp. (P)
KinKade, Paul T. 1015 Broad St. (GS)
McDonald, Frank C. 365 Trojan Lane (GP)
McElroy, James S. 1813 Bundy Ave. (GS)
McKee, Roy G. 606 N. Fair Oaks (GP)
May, A. J. 319 S. 14th St. (GP)
Morec, George J. 1007 N. 16th St. (PD)
Paz, Luis 1007 N. 16th St. (U)
Pollack, Seymour L. New Castle Hospital (N)
Smith, Mark E. 631 S. 11th St. (GS)
Steussy, Calvin N. 601 Hosier Dr. (PTH)
Stricker, Paul J. 701 Fair Oaks Dr. (GP)
Vivian, Donald E. R.R. 4 (DR)
Webb, O. Lynn 424 S. Main St. (GP)
Wiatt, Leonard H. P.O. Box 25 (EM)
Wilhelm, Guido P. 1007 N. 16th St. (OBG)

Robertson, William S. Spiceland 47385 (GP)
Life, Homer L. (S)
7672 Cove Terrace, Sarasota, Fla. 33581 (GS)

HOWARD COUNTY

Denton, Larkin D. 128 S. Howard St.,
Greentown 46936 (US)
Gaboya, Ruben R. Bunker Hill 46914 (IM)

KOKOMO

(*Zip Code* 46901)

Adler, Alan J. 800 S. Berkley Rd. (GP)
Artis, Myrle E. 519½ N. Main St. (GP)
Bowers, Copeland C. (S) ..210 W. Mulberry St. (GP)
Bowers, Garvey B. 210 W. Mulberry St. (GS)
Bowers, John A. 210 W. Mulberry St. (OPH)
Bowman, John P.O. Box 2168 (P)
Bradley, Richard V. 3421 S. Lafountain (GP)
Brown, Richard J. 400 S. Berkley Rd. (U)
Bruegge, Theodore J. P.O. Box 2044 (OM)
Choi, Stephen S. 402 S. Berkley Road (ORS)
Clevinger, William G. 1303 Bagley Dr. (PATH)
Conley, Thomas M. .500 Southway Blvd., East (OBG)
Craig, Reuben 514 W. Superior St. (PD)
Das, Amal K. 401 E. Reynolds Dr. (GP)
David, Delfin P. 4606 Stratford Dr. (EM)
Doss, Jerome F. 3520 S. Lafountain (OBG)
Earl, Max M. 502 S. Berkley Rd. (IM)
Elleman, John H. 800 S. Berkley Rd. (GP)
Ericson, Homer S. 107 S. Dixon Rd. (GP)
Fields, Donald L. 3520 S. Lafountain (PD)
Frazier, John L. 3421 S. Lafountain (IM)

Fretz, Richard C. 2008 W. Sycamore St. (FP)
Golper, Marvin N. 1907 W. Sycamore St. (R)
Good, Richard P. (S) 227 N. Forest Dr. (A)
Granda, Armando B. 3100 Susan Dr. (ANES)
Grothouse, Carl B. 400 S. Berkley Rd. (ORS)
Guin, Jere D. 804 S. Berkley Rd. (D)
Halfast, Richard W. 400 S. Berkley Rd. (ORS)
Harshman, James A. ..St. Joseph Hospital (PATH)
Higgins, Jack W. 804 Berkley Rd. (GP)
Jewell, George M.
610 Armstrong-Landon Bldg. (A)
Johnson, Darryl L. 3443 S. Lafountain (OPH)
King, Frank K. 625 Marsha Court #5 (GS)
King, Nina C. 3421 S. LaFountain (IM)
Kremers, George A. 400 S. Berkley Rd. (U)
Lodde, Marvin B. 4200 Millerwood Dr. (ANES)
Longshore, Robert E. 1306 Westbrook Dr. (AN)
McClure, Warren N. 319 S. Berkley Rd. (FP)
McIndoo, Ralph E. (S) 313 W. Taylor St. (GP)
Mendelson, Stanley M. ...401 E. Reynolds Dr. (GP)
Michael, Robert L. 3423-C S. Lafountain (GS)
Miethke, Richard P. Delco Radio Div. (OM)
Moore, John M. 3520 S. Lafountain (OBG)
Murray, Ernest C. 2200 S. Webster St. (IM)
Myers, Ronald M. 3500 S. Lafountain (P)
Paris, Durward W.
614 Armstrong-Landon Bldg. (IM)
Perkins, Powell L. 317 S. Berkley Rd. (GS)
Pesarillo, Servando N. 401 E. Reynolds (GP)
Phares, Robert W. 1712 S. Malfalfa Rd. (AN)
Prather, Philip E. 909 S. Courtland (FP)
Quakenbush, John 3421 S. Lafountain (IM)
Radpour, Shokri 315 S. Berkley Rd. (OTO)
Reul, George M. 6401 Windwood (GP)
Rudicel, Max 1907 W. Sycamore St. (PATH)
Scherschel, Thomas R. ..3423-B S. Lafountain (GS)
Schwartz, Frederick C. ...2016 W. Sycamore (OBG)
Sekulich, Milo St. Joseph Hospital (R)
Smith, Charles F. ..Howard Community Hosp. (R)
Spangler, Jesse S. (S) 215 E. Taylor St. (GS)
Tate, James A. 3520 S. Lafountain (PD)
Tignor, Sterling P. 401 E. Reynolds Dr. (GS)
Trimble, John G. 3520 S. Lafountain (OPH)
Van Denbark, Howard M.
313-B S. Berkley Rd. (OBG)
Wachob, Tom W., Jr. ...3520 S. Lafountain (OBG)
Watson, Leo G. 3433 S. Lafountain (OPH)
Whitlock, Coleman M. 1202 Arundel Dr.
Wilson, Norman K. 3421 S. Lafountain (GP)

Ware, John R. Russiaville 46979 (GP)

HUNTINGTON COUNTY

McLaughlin, James R. (S) 511 E. Main St., Flora 46929 (GP)

HUNTINGTON
(*Zip Code* 46750)

Blair, Richard G. 3 Parkmoor Dr. (GP)
Brubaker, Harold S. (S) 42 W. Park Dr. (GP)
Casey, Stanley M. (S) 1465 N. Lafontaine (GS)
Clunie, William A. 323 W. Park Dr. (OTO)
Cope, Stanton E. 1022 N. Jefferson St. (GP)
Doermann, Paul E. 1751 N. Jefferson St. (GS)
Erehart, Mark G. (S)
Maple Grove Rd., R.R. 8 (OPH)
Eviston, John B. (S) 34 E. Washington St. (GP)
James, Thomas, Jr. 202 U.B. Publishing Bldg. (GS)
Kay, John B. 818 W. Park Dr. (GP)
Krueger, Barbara J. 946 N. Jefferson St. (R)
Larson, Arthur N. 1751 N. Jefferson St. (GS)
Marks, Howard H. 248 W. Park Dr. (GP)
Mathew, Pallipeedikail C. 1775 N. Jefferson St. (GER)
Peare, Reeve B. 818 W. Park Dr. (GP)
Shah, Piyush 1159 Etna Ave. (PD)
Shah, Kishori 1159 Etna Ave. (AN)
Wagner, Richard 1355 Guilford (GP)
Wheeler, Barth E. 818 W. Park Dr. (GP)

Meiser, Robt. D. (S)
P.O. Box 218 Sun City, Ariz. 85351 (OPH)

JACKSON COUNTY

BROWNSTOWN
(*Zip Code* 47220)

Gillespie, Garland R. (S) 210 N. Main St. (GP)
McGill, Joel L. 213 E. Cross St. (PD)
Shields, Jack E. 603 N. Spring St. (GP)
Knotts, Slater Lake and Forest Club (R)
Bard, Frank B. Crothersville 47229 (GP)

SEYMOUR
(*Zip Code* 47274)

Baxter, Harry R. 209 S. Walnut St. (GP)
Bevers, Mark M. 209 S. Walnut St. (FP)
Black, Joe M. 502 W. Second St. (GP)
Blaisdell, William F. 1124 Medical Place (GP)
Bobb, Kenneth E. 410 S. Chestnut St. (GP)
Bosch, Ralph 930 South Dr. (IM)
Day, William D. (S) 410 S. Chestnut St. (GP)
Graessle, Harold P. (S) 640 East Drive (GP)
Linson, John C. 205 N. Pine St. (GP)
Miller, Harold E. 303 S. Walnut St. (GP)
Morris, Robt L. 729 W. 6th St. (DR)
Templeton, Ian S. 1130 Medical Place (GS)
Wiethoff, Clifford A. 1131 Medical Place (GS)

JASPER COUNTY

Schantz, Richard Remington 47977 (FP)

RENSSELAER
(*Zip Code* 47978)

Ahler, Kenneth J. Highway 114 E. (FP)
Beaver, Ernest R. 111 Thompson St. (FP)
Greenberg, H. L. Box 295 (R)
Greene, Robert W. 116 N. Cullen (GP)
Louck, Michael 828 W. Washington (GP)
O'Brien, Francis E. Washington St. (FP)
Williams, Paul A. Box 317 (FP)

JAY COUNTY

DUNKIRK
(*Zip Code* 47336)

Entner, Charles L. (S) 226 S. Meridian St. (GP)
Tate, Elizabeth 317 S. Main St. (GP)

Donnally, George A. R.R. 1, Geneva 46740 (GP)

PORTLAND
(*Zip Code* 47371)

Fitzpatrick, James S. 603 W. Arch St. (GS)
Gillum, Eugene M. 522 W. Arch St. (FP)
Keeling, Forrest E. (S) 615 W. Walnut St. (PD)
Lopez, Alfonso 16 Weiler Bldg. (GP)
Ly, Lily Ann 504 W. Arch St. (GP)
Nasr, Amin T. Jay Co. Hospital (PATH)
Schenck, Ralph E. 603 W. Arch St. (ORS)
Steffy, Ralph M. 504 W. Arch St. (GP)
Vormohr, Joseph F. 604 W. Arch St. (GP)

Rudolph, R. A. Jr.
1020 E. Parkway, Muncie 47304 (PTH)

JEFFERSON-SWITZERLAND COUNTIES

MADISON
(*Zip Code* 47250)

Adorable, Benedicto Box 477 (AN)
Alcorn, Merritt O. R.R. 2 (PATH)
Breitweiser, Thomas D. ..112 Presbyterian Ave. (R)
Burcham, James B. (S)
Madison State Hospital (GP)
Cooper, John Irvin East Third St. (D)
Fong, Theodore C. C. (S) 316 Bellaire Dr. (P)
Graves, Noel S. Madison Clinic (GP)
Hare, Francis W., Jr. 722 W. Main St. (IM)
Harnden, Hurlbut L. 426 E. Main St. (GS)
Harris, George F. Hilltop Med. Ctr. (GP)
Heaton, Elton 1950 Valle Vista Ct. (PTH)
Jackson, Howard C. 104 E. Third St. (GP)
Johnson, Robert D. 722 W. Main St. (GP)
Love, John W. 1441 Maplewood (P)
McAtee, Ott B. Madison State Hospital (P)
Modisett, Jackson W. 722 W. Main St. (GP)
Modisett, Marcella S. 722 W. Main St. (OBG)
Pratt, Ralph M., Jr. 2325 Blackmore Pl. (PTH)
Riley, Henry S. 722 W. Main St. (GP)
Rogers, Donald B. Madison State Hospital (P)
Rucker, W. Rayburn Box 372 (IM)
Ryan, Michael G. 722 West Main (GP)
Shuck, William A. 414 N. Mulberry St. (GS)
Sloan, W. Keith 426 E. Main St. (GS)
Zink, Robert O. 722 W. Main St. (GP)

Valenzuela, Diego C. 305 E. Main St.,
Vevay 47043 (GP)

JENNINGS COUNTY

NORTH VERNON
(*Zip Code* 47265)

Calli, Louis J. 408 S. State St. (GP)
Calli, Louis J., Jr. Jennings Co. Hosp. (US)
Guzman, Morales 311 Henry St. (PD)
Johnson, William A. 245 Norris Ave. (GP)
Thayer, Benet W. 20 Jackson St. (GP)
Walton, Fred R. Jennings Co. Hosp. (GS)

JOHNSON COUNTY

Deogracias, Francisco D.
R.R. 1, Edinburg 46124 (GP)

FRANKLIN
(*Zip Code* 46131)

Andrews, Hugh K. 1035 W. Jefferson St. (GP)
Bullers, Robert C. 395 S. Home Ave. (GS)
Bullington, Geo. E. 1230 E. King St. (DR)
Chappel, Alfred T. 901 N. Main St. (GP)
Chiu, F. Luke 1107 North Main St. (OBG)
Deppe, Charles F. 301 E. Jefferson St. (GP)
Ferrara, Joseph F. ..111 S. Water St. P.O. Box 6 (GS)
Foster, Robert H. K. (S) 1025 Orchard Lane (GP)
Gannon, Anthony 251 E. Jefferson (FP)
Gilliland, John E. 176 E. Jefferson St. (OBG)
Hibbs, William G. (S) .Masonic Home Hospital (IM)
Jones, Charles A. 1010 E. Adams Dr. (AN)
Nalley, James 1035 W. Jefferson St. (GP)
Palmer, Harley P. ..Johnson County Hospital (CLP)
Province, William D. 100 N. Main St. (IM)
Records, John M. 198 E. Jefferson (FP)
Reynolds, Paul 1035 W. Jefferson St. (GP)
Ritteman, George W. (S) R.R. 3, Box 19A (R)
Singh, Chandrabhan Johnson Co. Hosp. (PTH)
Waymire, William M. 101 N. Walnut St. (R)
Weber, Steven A. 198 E. Jefferson St. (GP)
Wesemann, Merrill M. 251 E. Jefferson St. (GP)

GREENWOOD
(*Zip Code* 46142)

Barnes, Helen Beall R.R. 4 (PD)
Brown, George E. Box 328 (GP)
Link, Charles W., Jr. 365 E. Main St. (GP)
Machledt, John H. 243 S. Madison Ave. (GP)
Ogle, Robert W. 360 S. Madison Ave. (GP)
Sheek, Kenneth I. 360 S. Madison Ave. (GP)
Small, George R., Jr. 360 S. Madison Ave. (GP)
Tiley, George A. (S) 41 N. Madison Ave. (GP)
Young, Joseph W. 365 E. Main St. (GP)

Walters, Jack L. .95 E. Oak St., Zionsville 46077 (GP)

KNOX COUNTY

Byrne, Robert J.
207 N. Main St., Bicknell 47512 (GP)
Moore, Robert G. (S) ..R.R. 1, Bicknell 47512 (DR)
Springstun, George H. (S) Oaktown 47561 (US)

VINCENNES
(*Zip Code* 47591)

Anderson, John B. P.O. Box 977 (GS)
Barrett, Thomas L. 307 S. Fifth St. (PD)
Bartlett, Donald T. 307 S. Fifth St. (OBG)
Beckes, Ellsworth W. (S) 220 N. Fifth St. (GP)
Black, Boyd K. Good Samaritan Hospital (PATH)
Buehl, Frederick 410 S. 7th St. (P)
Bueser, Rudsen M. 410 S. Seventh St. (R)
Cantwell, Edgar R. Box 979 (OPH)
Chattin, Herbert O. 729 Main St. (GP)
Coffel, Melvin H. 214 Buntin St. (OPH)
Combs, Daniel J. 1325 McDowell Rd. (IM)

Curtner, Myron L. (S) 222 N. Sixth St. (GS)
Dayson, Louie O. 218 Security Bank Bldg. (IM)
Ewing, Nathaniel D. P.O. Box 703 (GS)
Floyd, Malcolm S. Good Samaritan Hospital (R)
Haswell, John 607 Dubois St. (OBG)
Hendrix, Charles E. Box 686 (IM)
Herman, Daniel J. 609 DuBois St. (ORS)
Humphreys, Joe E. 1516 N. Second St. (GP)
Jacqmain, Ralph J. 621 S. Seventh St. (GP)
Lopez, Efrem R. ..301 American Bank Bldg. (ANES)
McDowell, Mordecai M. 1322 Audubon Rd. (IM)
McMahan, Virgil C. 609 Dubois St. (ORS)
Melchior, Jerome 615 Dubois St. (U)
Miller, Charles L. .502 American Bank Bldg. (ANES)
Murray, John S. 118 N. Second St. (IM)
Nichols, Robert J. Box 907 (R)
Parmenter, Harry B.
301 American Bank Bldg. (ANES)
Shaffer, Kenneth L. 302 Main St. (OPH)
Shanklin, Jack L. 702 Vigo St. (GP)
Shelton, Philip 621 S. Seventh St. (FP)
Smith, Ralph O. Box 686 (IM)
Snider, Donald P.O. Box 703 (GS)
Spencer, Frederic 902 Perry St. (OBG)
Stein, Richard H. ..301 American Bank Bldg. (ANES)
Stewart, J. Frank W. Box 513 (PUD)
Vaughn, Walter R. 615 Dubois St. (U)
von der Lieth, William C. Box 703 (GS)
Welch, Norbert M. 615 Dubois St. (U)

KOSCIUSKO COUNTY

Wilson, Wymond B. Mentone 46539 (GP)

WARSAW
(*Zip Code* 46580)

Arford, John E. 10526 Morning Mist Trail (GP)
Baum, John R. (S) 212 S. Indiana (GP)
Dacquisto, Michael P. 424 S. Buffalo St. (IM)
DuBois, Charles C. (S) 800 E. Center St. (OS)
Hashemi, Hossein 602 S. Buffalo (GS)
Haymond, George 600 E. Winona Ave. (GS)
Keough, Thomas F. 600 E. Winona Ave.(CD)
Kim, I. H. 426 S. Buffalo (OBG)
Lin, Y. C. 422 S. Buffalo (GS)
Moser, Arthur L. 600 E. Winona Ave. (GP)
Noel, Leonora G. 422 S. Buffalo (PD)
Pierson, Pearl H. 602 S. Buffalo (OS)
Pullman, George R. Murphy Medical Center (R)

LAGRANGE COUNTY

Hamer, John L.
4233 E. State Blvd., Fort Wayne 46805 (PD)
Spindler, Richard G. Howe 46746 (OM)
Taylor, M. Reed, Jr. Howe 46746 (GP)

LAGRANGE
(*Zip Code* 46761)

Flannigan, Harley F. Medical Bldg. (GP)
Mellinger, Michael O. Medical Bldg. (GP)
Studebaker, Lloyd R. (S) ..300 N. Townline Rd. (GP)

Martin, Allen S. Shipshewana 46565 (GP)
Lehman, Kenneth M. Topeka 46571 (GP)

LAKE COUNTY

CEDAR LAKE
(*Zip Code* 46303)

Gill, Harbans S. 13963 Morse St. (IM)
King, Robert W. 13301 Lincoln Plaza (GP)
Miller, Donald C. 13963 Morse St. (GP)
Misch, William A. 13963 Morse St. (GP)

CROWN POINT
(*Zip Code* 46307)

Aaron, Baruch M. 1079 S. Main St., #132 (OS)
Beckman, Arthur 12110 Grant St. (GP)
Borromeo, Venustiano, H. J. 7730 W. 85th Ave. (US)
Cabrera, Pelayo B. 1304 W. 124th St. (PATH)
Carpenter, Bennie F. 123 N. Court St. (US)
Carroll, Mary E. 124 N. Main St. (GP)
Chivapruk, Charat 211 W. Greenwood Ave. (AN)
Gabato, Manuel B. 12110 Grant St. (IM)
Gutierrez, Peter E. 12110 Grant St. (GP)
Han, Danl 12317 Kingfisher Rd. (PATH)
Horst, William N. 123 N. Court St. (GP)
Kinasiewicz, Leon E. St. Anthony Hospital (R)
Lee, Dang-Tzuoh 12110 Grant St. (AN)
Lytwakiwsky, Anatol 807-126th Court (PM)
Rieser, Aloys M., Jr.
St. Anthony Medical Center (CLP)
Russo, Andrew E. 12110 Grant St. (GP)
Steele, Everett B. 318 S. East St. (GP)
Steward, Paul W. 12110 Grant St. (GP)
Wongse Sanit, Yong Yots 10806 Hendricks Place (AN)
Yee, Lucio C., Jr. 12110 Grant St. (GP)

DYER
(*Zip Code* 46311)

Blanco, Ramon M. 2167 Gettler St. (NS)
Hirsch, Melvin L. Box 96 (IM)
Lipsey, Alfred J. Our Lady of Mercy Hospital (R)
Lopez, Filemon P. 2167 Gettler St. (FP)

EAST CHICAGO
(*Zip Code* 46312)

Adad, Wahbi 4321 Fir St. (CD)
Aron, Titu 1802 Columbus Drive (ORS)
Barron, Elmer A. 3535 Michigan Ave. (GP)
Beiser, George D. 4321 Fir St. (CD)
Benchik, Frank A. 4712 Magoun Ave. (FP)
Beruben, Miguel F. Box 3159 (GP)
Boys, Fay F. (S) 4712 Magoun Ave. (GP)
Broomes, Edward L. C. ...2402 Broadway (GP)
Bryant, Edward G., Jr. 2220 Broadway (GP)
Dainko, Alfred J. 915 W. Chicago Ave. (GS)
Dimailig, Gregorio H. 1802 Columbus Dr. (GP)
Dunning, Preston M. 3210 Watling (OM)
Fleischer, Jacob C. 4035 Elm St. (OM)
Frahm, Charles 1820 E. Columbus Dr. (CD)
Giragos, Henry G. ...1820 E. Columbus Dr. (TS)
Given, Gilbert Z. 3924 Main St. (PD)
Grosso, William G. ...1919 E. Columbus Dr. (GP)
Hadidian, Henry A. ..1820 E. Columbus Drive (OO)
Harper, James W. 2303 Calumet Dr. (GP)
Hernandez, I. C. 1802 Columbus Dr. (GP)

Jacobo, Miguel J. 1419 Carroll St. (GP)
Mangahas, Violeta R. 4321 Fir St. (ANES)
Marks, Ora L. 815 W. Chicago Ave. (OBG)
Martirez, Napoleon A. ..4710 Indianapolis Blvd. (GS)
Milan, Shijachki D. (S) ..622 W. Chicago Ave. (GP)
Nicosia, John B. 1802 E. Columbus Dr. (GP)
Payne, Arthur C. (S) 2020 Broadway (GP)
Pierce, Wm. John 915 W. Chicago (GP)
Reitman, Paul H. 4321 Fir St. (R)
Shulruff, Harry I. 3701 Main St. (OPH)
Suwanwilai, Charoen ...St. Catherine Hospital (PTH)
Teegarden, Joseph A., Jr.
1919 E. Columbus Dr. (GP)
Winter, Donald K. 3210 Watling St. (GP)
Zivich, John M. (S) 3701 Main St. (GP)

GARY

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L. ...3290 Grant St. (08) (GP)
Acosta, Amador A. Mercy Hospital (02) (PTH)
Acosta, Antonio F. 5725 Hemlock (03) (US)
Alfano, Paul A. 1075 Warrick (03) (TS)
Ambrozaitis, Kazys ...1600 W. Sixth Ave. (02) (R)
Amico, Pasquale J. 6111 Harrison St. (08) (GP)
Balter, Eugene 1600 W. Sixth Ave. (02) (R)
Barthelemy, Douge 2318 W. 5th Ave. (04) (HEM)
Barton, Reginald R. 6101 Miller Ave. (03) (GP)
Billena, Raymundo, Jr. 540 Tyler (02) (EM)
Bills, R. James 504 Broadway (02) (GS)
Bills, Robert N. (S) 504 Broadway (02) (GS)
Boone, Clarence W. 2200 Grant St. (04) (OBG)
Bornstein, Herschel 3233 Broadway (09) (GP)
Burton, Robt. L. 215 Broadway (OM)
Carey, J. Albert 2964 W. 11th Ave. (04) (GP)
Carmondy, Raymond F. .5284 Broadway (08) (OPH)
Choslovsky, Sydney Methodist Hosp. (02) (R)
Chua, Farida I. 3229 Broadway (08) (US)
Chube, David D. 1649 Broadway (07) (GP)
Cooper, Leo K. 504 Broadway (02) (OS)
Daniel, Robert A. 427 South Lake St. (03) (PD)
Darling, Dorothy R. 807 Fayette (03) (ANES)
Davidson, Charles O. 2200 Grant (04) (OBG)
Deschamps, Domenico J. 3290 Grant St. (03) (P)
Dierolf, Edward J. 504 Broadway (02) (GS)
Doneff, Ronald H. 5490 Broadway Plaza (09) (D)
Doumanian, Heratch O. 540 Tyler St. (02) (R)
Espy, Theodore R. 1901 Broadway (07) (GP)
Fisher, Forrest 215 Broadway (02) (OM)
Gilles, Pierre L. 2200 Grant St. (04) (OTO)
Goldberg, Harold B. 3656 Grant (08) (OS)
Goldstone, Adolph 3229 Broadway (09) (GP)
Goldstone, Robert J. 3229 Broadway (09) (GP)
Goldstone, Sidney R. 535 W. 35th Ave. (08) (FP)
Grant, Benjamin F. 1706 Broadway (07) (GP)
Gregoline, Eugene 4655 Broadway (09) (OBG)
Hedrick, James T. 2200 Grant St. (04) (GP)
Holliday, Alfonso 2200 Grant St. (04) (GS)
Johnson, Arnold L. ...2200 Grant St. (04) (OBG)
Kamen, Jack M. 540 Tyler St. (02) (OS)
Khaton, Odessa M. 4801 W. 5th Ave. (06) (P)
King, John Thomas ...4655 Broadway (09) (OBG)
Kino, Yoichi 540 Tyler St. (02) (PTH)
Kobrin, Meyer W. 3229 Broadway (08) (GP)
Kopcha, Joseph E. 504 Broadway (02) (OBG)
Korn, Jerome M. 3290 Grant St. (08) (GP)
Lebioda, Henry S. 230 Morningside (08) (GP)
Lewis, Lucien A. 2200 Grant St. (04) (PD)
Lewis, William R. 4395 W. 5th St. (06) (GP)
Loh, Hwei-Ya (Chang)
252 Morningside Ave. (08) (PATH)
Loh, Wei-Ping 600 Grant St. (02) (PATH)
Lopez, Santiago A. ...4655 Broadway (09) (OBG)
Lorenty, Thaddeus B. 504 Broadway (02) (GP)
Lovell, Martin H. (S) ...120 W. 25th Ave. (07) (GP)
Luk, Peter 540 Tyler (02) (PTH)
Lutz, Georgianna (S) ...504 Broadway (02) (GP)
McDonald, Walter E. 2200 Grant St. (04) (GS)
Marcus, Morris C. (S) ..3229 Broadway (09) (OTO)
Mason, Earl 540 Tyler St. (02) (PATH)
Mather, J. Winford (S)
2250 Ripley St., East Gary (05) (GP)
Milos, Robert J. 504 Broadway (02) (GS)
Mitchell, Georgia B. 1706 Broadway (07) GP)
Molengraft, C. J. (S) 504 Broadway (02) (OBG)
Mott, William H. 2200 Grant St. (04) (ORS)
Nazon, Yvon J. ..504 Broadway #1025 (02) (OBG)
Nelson, Walfred A. 559 S. Lake St. (03) (GP)
Oberlander, Seymour ...3290 Grant St. (08) (IM)
Parratt, Louis W. 504 Broadway (02) (GP)
Penn, Robert A.
3820 Central Ave., East Gary (05) (GP)
Pettis, Arthur G. ...Methodist Hosp. (02) (ANES)
Pruitt, Jacob E. 540 Tyler St. (02) (GP)
Rosenbloom, Philip J. (S) ..571 Lincoln St. (02) (GP)
Ross, David E., Jr. ...2318 W. 5th Ave. (04) (GP)
Roth, Leo 3229 Broadway (09) (ORS)
Ryan, Hubert J. (S) 5490 Broadway (09) (PD)
Semerdjian, Aram 540 Tyler St. (02) (R)
Sinchai, Pravit 5284 Broadway (08) (OPH)
Somani, Indra K. 600 Grant St. (02) (PATH)
Stern, Mona K. 7535 E. Harold St. (03) (GP)
Thomas, Daniel D. 3290 Grant St. (08) (CRS)
Thomas. Gerald J. 3920 Grant St. (08) (GS)
Thupvong, Chawtipya 540 Tyler St. (AN)
Valencia, Monico
2606 Central Ave., East Gary (05) (ABS)
Veluz, Mario P.O. Box 882 (02) (P)
Watts, Edwin S. St. Catherine Hosp. (P)
Williams, Edwin D. 628 E. 21st St. (07) (GP)
Wolf, Robert A. 535 W. 35th Ave. (08) (GP)
Wongse-Sanit, Vatchara 540 Tyler St. (02) (AN)
Yocum, Paul S., Jr. ...504 Broadway (02) (OPH)
Yocum, William S. 3656 Grant St. (08) (GS)

GRIFFITH

(*Zip Code* 46319)

Brauer, Abraham A. (S) 1010 Reyome Dr. (P)
Cespedes, Carlos A. 101 N. Griffith Blvd. (GS)
Lundeberg, Ralph A. 1212 N. Broad St. (GP)
Purcell, Richard J. 433 N. Glenwood Dr. (FP)

Siekierski, Joseph M. 145 N. Griffith (FP)
Young, George M. (S) 1109 35th Ave. (GP)

HAMMOND

(*Zip Code* 463 *plus zone number*)

Apellido, Liberacino L. ..5217 Hohman Ave. (24) (AN)
Balaguer, Carmen V. .20 Kenwood St. (24) (ANES)
Cotter, Edward R. 2415 169th St. (23) (GS)
Dizon, Belen R. ...St. Margaret Hosp. (20) (ANES)
Dumanian, Ara V. 3680A 179th St. (23) (CD)
Egnatz, Nicholas 30 Douglas Ave. (20) (GP)
Farinas, Cirilo 25 Douglas St. (20) (PATH)
Ferry, John L. 2450 169th St. (23) (IM)
Fischer, Burnell 49 Indi-Illi Pkwy (24) (AN)
Friedman, Isadore E.
7217 Indianapolis Blvd. (24) (OPH)
Giragos, Henry G. 3680A 179th St. (23) (TS)
Hadidian, Henry A. 3680A 179th St. (23) (CDS)
Hammer, Michael
7018 Indianapolis Blvd. (24) (OBG)
Kaufman, Alan J. 30 Douglas St. (24) (NS)
Koransky, David S. ..6850 Hohman Ave. (24) (OPH)
Lacera Donaldo St. Margaret Hosp. (20) (PATH)
LaFollette, Forrest R. ...2450 169th St. (23) (GP)
Levin, Harvey J. 2450 169th St. (23) (GS)
Madarang, Napoleon 2450 169th St. (23) (GP)
Mangahas, Jovencio P. .7441 Arkansas (23) (GP)
Manley, Floyd 6010 Columbia Ave. (20) (GP)
Marks, Salvo P. ...6860 Hohman Ave. (24) (OPH)
Marquinez, Adoracion A.
5217 Hohman Ave. (20) (ANES)
Mason, Richard L. 132 Rimbach St. (20) (R)
Medina, Herbert M. 2450 169th St. (23) (GP)
Neal, Leonard W. 7301 Forest Ave. (24) (FP)
Palmer, Barron M. F. 6134 Columbia (20) (US)
Peck, Edward A. 6422 Moraine Ave. (24) (GP)
Peiffer, Geraldine M.
St. Margaret Hospital (20) (ANES)
Pilot, Jean 7137 Knickerbocker (23) (PTH)
Premuda, Franklin F., 7042 Woodmar Ave. (23) (EM)
Ramker, Daniel T. 7040 Kennedy Ave. (23) (GS)
Rasch, George C. 30 Douglas St. (20) (GS)
Reed, Ronald R. 2450 169th St. (23) (IM)
Rhind, Alexander W. (S) ..7126 Forrest Ave. (24) (GP)
Rosenthal, Carl 25 Douglas St. (20) (R)
Rosevear, Henry Jos. 110 Ridge Rd. (21) (GS)
Schlesinger, Danl J. 6633 Forest (24) (GS)
Schwartz, Magda 7315 Forest Ave. (24) (ANES)
Serrano, Jose F. 5434 Hohman Ave. (20) (ABS)
Solis, Roger V. 430 Conkey St. (24) (OBG)
Sri-Uthayopas, Prasit 30 Douglas (20) (ORS)
Stasick, Murray ..7330 Indianapolis Blvd. (24) (GP)
Steen, Lowell H. 2450 169th St. (23) (IM)
Tanrikulu, Orhan 2450 169th St. (23) (PD)
Tilka, Edward C. ...7134 Calumet Ave. (24) (GP)
Troy, Jack M. 2450 169th St. (23) (PD)
White, Gilbert H., Jr. .6429 Kennedy Ave. (23) (GP)
Willardo, Albert T. ...30 Douglas St. (20) (GP)
Wong, Samuel N. 30 Douglas St. (20) (GS)
Zallen, Stanley G. 6933 Kennedy Ave. (23) (GP)

HIGHLAND

(*Zip Code* 46322)

Ahn, Kyung Jin 7950 Kennedy Ave. (GS)
Angel, Virgil E. 2933 Jewett (GP)
Brennan, Wm. C. 2833 Lincoln St. (GS)
Eugenides, Tatiana 8136 Kennedy (PD)
Florcruz, Arturo R. 2805 Highway Ave. (GS)
Gonzales, Sesinando A. ..2513 Highway Ave. (OBG)
Jimenez, Feliciano 7950 S. Kennedy Ave. (IM)
Kolanko, Leon A. 3330 Ridge Rd. (GP)
Lutz, Andreas L. 8136 Kennedy Ave. (OBG)
Serna, Carlos A. 2342 Ridge Rd. (IM)
Sokol, Allen B. 7420 Kennedy Ave. (PD)
Sroka, Stanley J. 2942 Highway Ave. (GP)
Trepagnier, Francis B. ...8123 Kennedy Ave. (OPH)
Urbanski, Walter P. ...2513 Highway Ave. (OBG)
Vergara, Abelardo F. 2943-42nd (GP)

HOBART

(*Zip Code* 46342)

Almase, Rodolfo M. 904 Riddle Rd. (GS)
Carter, John O. 295 S. Wisconsin (GP)
English, Hubert M. (S) 521 W. 39th Place (OO)
Kellar, Philip E. 904 W. Ridge Rd. (GP)
Krsek, Archie J. 10 N. Michigan Ave. (GP)
Parker, Harry C. (S) 831 Garfield St. (OPH)
Phillips, Donald M. 1356 S. Lake Ave. (GP)
Reed, John J. 10 N. Michigan Ave. (FP)
Stookey, Richard D. 295 S. Wisconsin (GP)
Wylie, Robert R. 1356 S. Lake Ave. (GP)

LOWELL

(*Zip Code* 46356)

Shapiro, Seymour W. 6400 152 Ct. (GS)
Smith, Robert D. 1218 Hilltop Ct. (GP)
Templin, David B. 308 E. Commercial Ave. (GP)

MERRILLVILLE

(*Zip Code* 46410)

Alvarez, Paul 7863 Broadway (ORS)
Bernard, Marvin R. 5500 E. 81st Ave. (NS)
Bicalho, Jose F. 6111 Harrison St. (ORS)
Brasovan, Srbislav 6111 Harrison St. (OBG)
Brincko, John 6111 Harrison St. (U)
Brown, Leo R. 7863 Broadway #205 (GP)
Carberry, Geo. A. 6111 Harrison St. (OBG)
Buyer, Richard 6111 Harrison St. (IM)
Chip, Jerold N. 6111 Harrison St. (CD)
De La Paz, Oscar G. 500 W. Lincoln Hwy. (U)
DeMelo, Luiz P. 5490 Broadway (ORS)
Deen, Christopher 6111 Harrison (OPH)
Dennison, Kumpol 1000 E. 80th #525 (GS)
Dhana, Srikietr 6111 Harrison St. (PDC)
Doherty, Raymond J. 47 W. 68th Place (GP)
Fadul, Armand 47 W. 68th Place (IM)
Gehring, Thomas A. 6111 Harrison St. (GP)
Glover, Wm. J. 6111 Harrison St. (GS)
Goel, Arun K. 6111 Harrison St. (IM)
Goel, Sarla 6111 Harrison St. (PD)
Golding, Robert F. P.O. Box 8246 (ANES)
Goodwin, Thomas G. 6111 Harrison St. (GP)
Hadey, James H. 6111 Harrison St. (OBG)
Hoit, Leonard 1000 E. 80th (D)

Hovanessian, Raffy A. 7863 Broadway (GE)
Huang, Tsau-Yuen 1811 West 54th Ave. (PTH)
Kim, Young R. 6111 Harrison St. (OBG)
Kmak, Chester J. P.O. Box 8254 (OBG)
Kolettis, John G. 6111 Harrison St. (GP)
Kulsakdinum, Chairat 6111 Harrison St. (PD)
Leman, Eugene 6111 Harrison St. (R)
Lin, Shou-Gem 6111 Harrison St. (GS)
Martino, Robert S. 5587 Broadway (ORS)
Minczewski, Richard C. ..5490 Broadway Plaza (GP)
Mirich, Ernest C. 500 W. Lincoln Hwy. (CD)
Mirro, John A. 6111 Harrison St. (GP)
Nowlin, Wm. Felbert 1000 E. 80th Place (GS)
Olson, Leslie Dale 7863 Broadway (ORS)
Ornelas, Joseph P. 6111 Harrison St. (A)
Pappas, Eddie T. 6429 Arthur St. (GP)
Pierson, Howard 6111 Harrison St. (GP)
Pillay, Vijaya P. 1000 E. 80th #525 (NS)
Platis, James M. 1000 E. 80th Pl. (PS)
Porapaiboon, Veera 6111 Harrison St. (TS)
Potti, T. Krishnan 1000 E. 80th Pl. (IM)
Rawlins, Steven J. 6111 Harrison St. (R)
Roig, Jose H. 500 W. Lincoln Hwy. (OPH)
Rubin, Simon S. Twin Towers South, #527-S (A)
Saavedra, Bernardo 5800 Broadway (NS)
Sala, Joseph J. 5490 Broadway L-16 (GP)
Sala, Walter R. 5490 Broadway L-16 (GP)
Scully, John T. 6111 Harrison St. (IM)
Slama, Geo. F. 6111 Harrison St. (GE)
Smejkal, Jerald J. 6111 Harrison St. (PS)
Song, John Ke Kun 6111 Harrison St. (US)
Tabion, Napoleon C. 6111 Harrison St. (U)
Thupvong, Kosin 6111 Harrison St. (CDS)
Tiffany, Joseph C. 6111 Harrison St. (GS)
Towannasut, Verapon 6111 Harrison St. (OTO)
Turgi, Robert W. 6111 Harrison St. (OTO)
Unni, Ramakrishnan Twin Towers #525 (U)
Valenzuela, Roberto 5490 Broadway (GP)
Valenzuela, Sofia 5490 Broadway (PD)
Volan, George J. 405 W. Lincoln Hwy. (GS)
Weiskoff, Henry S. 7863 Broadway (OPH)
Yast, Charles J. 6111 Harrison St. (OTO)
Zucker, Edward 7863 Broadway (PS)

MUNSTER
(*Zip Code* 46321)

Adler, Fred 509 Ridge Rd. (IM)
Allegretti, Michael L. 8238 Oakwood St. (A)
Angulo, Edilberto D. 110 Ridge Rd. (PD)
Arbeiter, Herbert I. 7550 Hohman Ave. (PD)
Arrowsmith, James L. 513 Ridge Rd. (U)
Auburn, Richard P. 7905 Calumet Ave. (GS)
Beconovich, Robert 7905 Calumet Ave. (GP)
Bleza, Maximo T. 7905 Calumet Ave. (OM)
Bombar, Leslie E. 7905 Calumet Ave. (GP)
Branco, Arthur M. 7905 Calumet Ave. (GS)
Brennan, Betsy Becker 1930 Fisher Pl. (D)
Brenner, Howard B. 800 MacArthur Blvd. (OBG)
Brodersen, James D. 7905 Calumet Ave. (OPH)
Chael, Thomas C. 7905 Calumet Ave. (US)
Cho, Suk-In 9625 Crestwood Dr. (US)
Chy-Koa, Leticia K. 110 Ridge Rd. (PD)
Costello, Albert J. 110 Ridge Rd. (OBG)
de la Cotera, Frederick G. ..7905 Calumet Ave. (GP)
Chua, Felipe S. 1012 Franklin (CDS)
DePorter, Louis A. 7905 Calumet Ave. (GP)
Downs, Kenneth R. 1106 Franklin (OM)
Eggers, Henry W. (S) 110 Ridge Rd. (OBG)
Dizon, Gualberto R. 800 MacArthur Blvd. (GP)
Dragomer, Andrei 1230 Fran Lin Pkwy. (DR)
Ertan, Behic 7905 Calumet Ave. (IM)
Espino, Jose C. 7550 Hohman Ave. (GS)
Faulkner, Donald J. 7905 Calumet Ave. (GP)
Feinberg, Irwin 7550 Hohman Ave. (ORS)
Feldman, Howard E. 7905 Calumet Ave. (OM)
Feldner, Ronald P 110 Ridge Rd. (GP)
Fetrow, Kenneth O. 7905 Calumet Ave. (ORS)
Fitzpatrick, William J. 110 Ridge Rd. (GS)
Fox, Jack M. 7550 Hohman Ave. (D)
Frieske, David A. 7905 Calumet Ave. (P)
Galante, Albert 110 Ridge Rd. (OBG)
Galante, Gloria 625 Ridge Rd. (P)
Gomez, Cesar M. 9429 Northcote Ave. (GP)
Gordon, Mark 7905 Calumet Ave. (D)
Grabow, Emil F. 7905 Calumet Ave. (OPH)
Grayson, Fred E. 513 Ridge Rd. (U)
Gross, Joseph O. 7905 Calumet Ave. (PD)
Gustaitis, John W., Jr. 7905 Calumet Ave. (R)
Halum, Ramon G., Jr. ..800 MacArthur Blvd. #1 (U)
Hammond, Stanley 7905 Calumet Ave. (P)
Han, Sang Ho 7550 Hohman Ave. (R)
Harvey, David M. 716 Seberger Drive (ORS)
Hehemann, William V. 7905 Calumet Ave. (FP)
Helms, Charles E. 110 Ridge Rd. (GS)
Hieber, Frank R. 7905 Calumet Ave. (IM)
Hooker, Rex R. 8354 Crestwood (OS)
Husted, Robert G. 7905 Calumet Ave. (GP)
Kelly, George G. 7905 Calumet Ave. (GS)
Kenney, Francis D. 110 Ridge Rd. (GS)
Kitt, Walter 7550 Hohman Ave. (P)
Kott, Alexander 7550 Hohman Ave. (DR)
Kuhn, Arthur J. 7905 Calumet Ave. (OTO)
Lanman, John U. 716 Seberger (IM)
Lautz, Herbert A. 7905 Calumet Ave. (OTO)
Luna, Manuel R. 110 Ridge Road (OBG)
Madlang, Rodolfo M. 513 Ridge Rd. (U)
Mansueto, Mario D. 509 Ridge Rd. (HNS)
Manzano, Edmundo V. 9513 Dogwood Ln. (AN)
Maroc, James A. 110 Ridge Rd. (GP)
Marshall, Wilbur J. 7905 Calumet Ave. (OBG)
Mason, John C. 7905 Calumet Ave. (GP)
Medina, Angelina V. ..800 MacArthur Blvd. #5 (GP)
Minkin, Ronald B. 7905 Calumet Ave. (D)
Mintz, Alfred M. 800 MacArthur Blvd. (ORS)
Montes, Hermino Y. 7915 Hohman Ave. (AN)
Morris, William H. 7905 Calumet Ave. (PD)
Nakamura, Takamitsu 7905 Calumet Ave. (OTO)
Murillo, Herbert L. 1808 Holly Lane (EM)
Navarre, Vincent J. 509 Ridge Rd. (IM)
Neer, David D. 7550 Hohman Ave. (N)
Nono-Rosales, Marina .800 MacArthur Blvd. #4 (OS)
Pamintuan, Florino G. 7905 Calumet Ave. (CD)

Patel, D. A. 110 Ridge Road (PD)
Paul, Eudell G. 7550 Hohman Ave. (GS)
Pavelka, Ronald P. 7905 Calumet Ave. (ORS)
Polydefkis, Dimitri 509 Ridge Rd. (P)
Portney, Fred R. 7905 Calumet Ave. (U)
Predey, Thomas 110 Ridge Rd. (GP)
Rawlins, Carolyn M. 7550 Hohman Ave. (OBG)
Raymundo, Luciano 800 MacArthur Blvd. (ORS)
Remich, Antone C. 7905 Calumet Ave. (OM)
Rendel, Donald T. 513 Ridge Rd. (PD)
Repay, Walter A. 513 Ridge Rd. (GP)
Sabina, Robert 7905 Calumet Ave. (IM)
Santare, Vincent J. 513 Ridge Rd. (U)
Schmitt, Robert J. 7905 Calumet Ave. (P)
Schwartz, Jack 7550 Hohman Ave. (OBG)
Shah, Rameshschandra 110 Ridge Rd. (IM)
Shetty, Dayananda 1814 Oriole Dr. (OTO)
Smith, Jerald E. 7905 Calumet Ave. (FP)
Smitley, Roger P. 110 Ridge Rd. (IM)
Stevens, Edwin W. 7905 Calumet Ave. (IM)
Stover, Marvin C., III 7905 Calumet Ave. (PD)
Szanto, Philip A. 7905 Calumet Ave. (PATH)
Tetalman, Marc R. 7905 Calumet Ave. (R)
Trachtenberg, Lee H. 1646 45th St. (OPH)
Urba, Vytautas V. 7905 Calumet Ave. (P)
VanderToll, Donald 509 Ridge Rd. (GS)
Vander Westhaysen, Peter ...7550 Hohman Ave. (NS)
Waiss, Elaine H. 8203 Schreibe Dr. (GP)
Walker, Adolph P. 8630 Linden Ave. (ANES)
Wooden, Thomas F. 8354 Parkview (ANES)
Yang, In Whan 7905 Calumet Ave. (OBG)
Young, Robert L. 1646 45th Ave. (OPH)

WHITING

(*Zip Code* 46394)

Becker, Samuel W. ...2075 Indianapolis Blvd. (D)
Best, Robert C. 2075 Indianapolis Blvd. (GP)
Claro, Joseph J. 2815 Indianapolis Blvd. (AM)
Frankowski, Clementine E. ...1706 LaPorte Ave. (PH)
Greisen, Jack C. 2075 Indianapolis Blvd. (GP)
Kudele, Louis T. 1700 Davis St. (ANES)
Polite, Nicholas L. 837 119th St. (OBG)
Rudser, Donald H. ...2075 Indianapolis Blvd. (GP)
Stecy, Peter 1900 Indianapolis Blvd. (GP)
Weinberg, Benjamin A. 1104 119th St. (GP)

Kendrick, Frank J. (S) ...2000 S. 15th St., Goshen 46526 (OO)
Angeles, Uldarico A. Box 908, Ogden Dunes, Portage 46368 (AN)
Sebastian, Ricardo F.
6045-4 Canden Ave., Portage 46368 (GS)
Imperial, Benjamin E. Box 277
St. John 46373 (GP)
Egnatz, Charles D.
U.S. Routes 41 & 30, Schererville 46375 (GP)
Madrilego, Roberto B. 4102 Sleighbell Lane, Valparaiso 46383 (IM)

OUT OF STATE

Behn, Walter M. (S) 8100 9th St. North St. Petersburg, Fla. 33702 (GP)
Bendler, Carl H. (S) 409 Lakeview Dr., Sanford, Fla. 32771 (GP)
Brand, Anna 656 Wentworth, Calumet City, Ill. 60409 (GP)
Brandman, Harry (S) 251 W. South St., Galesburg, Ill. 61401 (P)
Brubaker, Thomas A. Ball Memorial Hosp., Muncie 47303 (US)
Dimitroff, Lambro 500 River Oaks Drive, Calumet City, Ill. 60409 (GP)
Galban, Eufrosina G. 1450 E. 55th Pl., Chicago, Ill. 60637 (GP)
Gevirtz, Milton B. (S) 10141 E. Bay Harbor Dr., Miami Beach, Fla. 33154 (GS)
Goldstone, Joseph (S) 1950 S. Ocean Drive, Apt. 19P, Hallandale, Fla. 33009 (GP)
Lewis, Rosa Hilda 3648 174th St., Apt. 5A, Lansing, Ill. 60438 (AN)
Lilagan, Florentino R. ...20600 Arcadian Drive, Olympia Fields, Ill. 60461 (GS)
Montuori, Giulia 16617 Kenwood Ave., South Holland, Ill. 60473 (GPM)
Murphy, Joseph F.
18225 Burnham Ave., Lansing, Ill. 60438 (P)
Pesigan, Conrado S. 116 S. Delphia, Park Ridge, Ill. 60068 (R)
Reyes, Angel I. 1400 E. 55th Pl., Apt. 609S, Chicago, Ill. 60637 (GP)
Schulz, Kurt J.
800 Clinic Circle, Fairmont, Minn. 56301 (OPH)
Shapiro, Joseph 1000 Lake Shore Plaza, Chicago, Ill. 60611 (GP)
Smith, Theodore J. (S)
1819 Mid Ocean Circle, Sarasota, Fla. 33580 (OO)
So, James 20400 Achilles-Arcadia, Olympia Fields, Ill. 60461 (TS)
Spivack, Mary (S) 14556 Magnolia Blvd. #214, Van Nuys, Calif. 91403 (OBG)
Toussaint, Linnie F.
9124 S. Bennett Ave., Chicago, Ill. 60617 (ANES)
Tyrrell, Joseph J.
800 State Line, Calumet City, Ill. 60409 (GS)
Tyrrell, Thos Carroll 800 State Line, Calumet City, Ill. 60409 (GS)
You, Kwang-Duck Calumet City, Ill. 60409 (TS)

LA PORTE COUNTY

Salsburg, Herbert E. R.R. 1, Box 357, Hamlet 46532 (P)
Oak, David D., Jr. Hanna 46340 (GP)

LA PORTE
(*Zip Code* 46350)

Backer, George P. 806 Maple Ave. (R)
Backer, Mary B. 1533 Michigan Ave. (IM)
Carpentier, James R. 900 I St. (IM)
Datzman, Basil J. 103 W. 18th St. (GP)
Durham, Lowell J. 316 Pine Lake Ave. (GP)
Elshout, Clem H. ..403 First Nat'l. Bank Bldg. (ANES)
Erwin, W. Robert 900 I St. (GP)
Feinn, Harry S. 1013 Indiana Ave. (OTO)
Kelsey, Robert M., Jr. 1200 Michigan Ave. (GP)
Kepler, Robert W. Osmic Place (GP)
Kim, Joon S. La Porte Hosp. (PTH)
Mannion, Rodney A. Fox Village Med. Bldg. (U)
Mead, Frank E. (S) 344 Grayson Rd. (GP)
Moore, William G. Osmic Place (GS)
Mueller, Edwin C. 900 I St. (GS)
Philbrook, Seth S. 705 Harrison St. (OPH)
Predd, Adolph C. 909 Madison St. (GP)
Richter, John C. 900 I St. (GS)
Sanchez, Jose D. P.O. Box 211 (ANES)
Scott, John S. 806 Maple Ave. (R)
Scupham, William 900 I St. (IM)
Sirugo, Aldo C. 6916 W. Johnson Rd. (OTO)
Sprecher, James J. J. 900 I St. (GP)
von Asch, George 2030 Michigan Ave. (GP)
Wolf, Wm. Edward 403 First Nat'l Bk. Bldg. (AN)
Young, Leon N. Osmic Place (GP)
Zahrt, Frank H. ...Fox Village Medical Bldg. (GP)

MICHIGAN CITY
(*Zip Code* 46360)

Armstrong, Thomas D. 120 W. Ninth St. (GS)
Arney, Amos 1225 E. Coolspring Ave. (GP)
Baker, Warren (S) 416 E. Coolspring Ave. (OPH)
Bankoff, Milton L. 1225 E. Coolspring Ave. (GP)
Battle, Frederick G. 3714 Franklin St. (GP)
Bergan, Joseph A. 217 W. Homer St. (GS)
Berkson, Myron E. ..1101 E. Coolspring Ave. (P)
Bremer, Windham 1511 Wabash (R)
Frost, Robert J. .1701 Buffalo St., P.O. Box 341 (PTH)
Galinis, Algimantas J. ..1225 E. Coolspring Rd. (GP)
Gardner, Melvin D. 801 Washington St. (ABS)
Gardner, Russell A. 801 Washington St. (OBS)
Gilmore, Robert W. 1715 Buffalo St. (PD)
Gilmore, Russell A. (S) 1715 Buffalo St. (GP)
Hay, Gene R. 1225 E. Coolspring Ave. (IM)
Hill, Theodore A. 1606 Lake Shore Dr. (P)
Hillenbrand, Charles 128 W. 10th St. (P)
Hodonos, Phillip E. 1225 E. Coolspring Ave. (GP)
Hogle, Frank D. 15 Pohchartrain (P)
Houck, Richard 501 Warren Bldg. (OPH)
Jones, King S. (S) P.O. Box 383 (GP)
Kemp, John T. 122 E. Seventh St. (GP)
Kerrigan, John F. 916 Washington St. (GS)
Kerrigan, Robert L. (S) ...916 Washington St. (GP)
Kroczek, Stephen E. ...1225 E. Coolspring Ave. (OPH)
Kubik, Francis J. 902 Pine St. (ABS)
Liddell, Charles K. 1225 E. Coolspring Ave. (GS)
Luce, John W. 1225 E. Coolspring Ave. (OBG)
Marske, Robert L. 1713 Buffalo St. (PD)
McBride, Robert E. P.O. Box 341 (PTH)
McInerney, Gerald T. 3714 S. Franklin St. (IM)
Miller, Maurice 1225 E. Coolspring Ave. (GP)
Milne, Walter S. 916 Washington St. (IM)
Mladick, Edward A. 1601 Franklin St. (ORS)
Moreira, Alvaro F. 901 Washington St. (P)
O'Brien, Raymond J. 1601 Franklin St. (ORS)
Paik, Gun Sil 1225 Coolspring Ave. (OBG)
Paul, Leonard G. 1225 E. Coolspring Ave. (GP)
Phillips, John H. 1511 Wabash St. (GP)
Pilecki, Peter J. 1225 E. Coolspring Ave. (GP)
Plank, C. Robert 1511 Wabash St. #25 (R)
Potter, Brian 1225 E. Coolspring Ave. (D)
Predd, Florian M. 1225 E. Coolspring Ave. (GS)
Rivera, Felicidad P.O. Box 731 (AN)
Rivera, Julius 3714 Franklin (GS)
Stark, William A. 1601 Franklin St. (ORS)
Ticsay, Benvenido V. ...1225 E. Coolspring Ave. (GS)
Walters, William H. 3714 Franklin St. (CRS)
Weeks, Patrick H. (S) 1111 Cedar (P)
Weiss, Albert E. 1225 E. Coolspring Ave. (GP)
Weninger, Donald L. P.O. Box 485 (ANES)
Zalac, Donald A. 1511 Wabash St. #25 (R)

Moosey, Louis 609 S. Water St., Union Mills 46382 (GP)

WESTVILLE
(*Zip Code* 46391)

Adeva, Delores P.O. Box 727 (GP)
Batacan, George A. Beatty Hospital (P)
Constan, Evan Box 473 (P)
Dian, August J. Beatty Hospital Box 473 (P)

Carter, Fred 950 S. State Rd. 707, Jensen Beach, Fla. 33457 (IM)
Dieter, Wm. Jennings (S) P.O. Box 2438, Arizona City, Ariz. 85223 (N)

LAWRENCE COUNTY

BEDFORD
(*Zip Code* 47421)

Austin, Richard P. ..Citizens Bank Bldg. (GP)
Benham, Lawrence E. 25th & Q St. (GP)
Bennett, Dick L. Stone City Bank Bldg. (AN)
Duncan, Raymond 2900 W. 16th St. (GP)
Dusard, Joseph C. (S) 304 Citizens Bank Bldg. (GP)
Emery, Charles B. (S) 2325 Q St. (GP)
Fountaine, Thomas J. 1618 24th St. (GP)
Girgis, M. H. 2900 W. 16th St. (IM)
Gonzales, Raul C. 2900 W. 16th St. (DR)
Huber, Richard G. 219 Sycamore Dr. (FP)
Johnson, Wallace D. 2900 W. 16th St. (GE)
Kaderabek, Donal J. 2900 W. 16th St. (GS)
Kasting, Gerald E. 1622 24th St. (FP)
Kerr, Donald M. 2900 W. 16th St. (GP)

Livingston, Peter H. 1775 Saddler Dr. (U)
Morrow, Robert J. 1317 L St. (GP)
Mount, James L. 2900 W. 16th St. (OBG)
Oswalt, James T. 2900 W. 16th St. (US)
Pillai, Vijavan V. Dunn Memorial Hospital (GP)
Pless, John Edward 1616 23rd St. (PATH)
Reuter, John W. ..U. S. Highway 50 E, R.R. 6 (OPH)
Sangalang, Zenaida S. 2325 Q (EM)
Sera, Segundo R. 2900 W. 16th St. (PD)
Sorrells, George W. 2900 W. 16th St. (PD)
Tan, Eugenio N. 1805 O St. (ANES)
Waldo, Guy H. 2900 W. 16th St. (IM)
Wohlfeld, Julius B. 1222 15th St. (CD)
Woolery, Richard H. 1310 W. 16th St. (AN)

Hamilton, James R. (S) Mitchell 47446 (US)
Odulio, Benito 121 S. 6th St., Mitchell (GS)
Odulio, Brunhilda Hwy. 60 East, R.R. 2, Mitchell 47446 (IM)
Hammel, Howard T. R.R. 2, Springville 47462 (GP)

MADISON COUNTY

ALEXANDRIA

(*Zip Code* 46001)

Gaunt, Everett W. 214 E. John St. (GP)
Irwin, Gerald P. R.R. 2, Box 594A (GP)
Overpeck, George H. (S) ..313 N. Harrison St. (GP)
Owen, Thomas F. 313 N. Harrison St. (GP)
Shafer, Richard H. 111 S. Harrison St. (GP)

ANDERSON

(*ZIP Code* 460 *plus zone number.*)

Abell, Wm. A. P.O. Box 2351 (11) (P)
Allen, Lawrence E. 2009 Brown St. (16) (U)
Anderson, William S. ...1536 Chesterfield Dr. (12) (P)
Armington, Charles L. (S)
Citizens Bank Bldg. (16) (GP)
Austin, Charles E. 1415 Raible St. (11) (GP)
Baughn, William L. 1517 Winding Way (11) (OM)
Beeler, Franklin K. 1931 Brown St. (14) (FP)
Benedict, Harold G. 1916 Jackson St. (14) (GP)
Bixler, Donald P. 1931 Brown St. (14) (OPH)
Blassaras, Crist A. 2005 Broadway (13) (GP)
Bowers, Charles R. 2009 Brown St. (14) (GS)
Bridges, Alvin L. 1302 Madison Ave. (11) (FP)
Buckles, David L. St. John's Hospital (11) CLP)
Bush, Edward R. 714 E. Eighth St. (12) (GP)
Campbell, Frank ...1302 Madison Ave. (11) (GP)
Carson, Richard C. ...908 Winding Way (11) (ANES)
Daniel, Gerald O. 1047 Broadway (11) (R)
Denny, Melvin H. ...1207 Van Buskirk Rd. (11) (AN)
Dixon, Rex W. 1931 Brown St. (14) (A)
Drake, James R. 2304 Meridian St. (14) (GP)
Drake, John C. (S) ..604 Anderson Bank Bldg. (16) (GS)
Drennen, Robert V. E. 2117 E. Fifth St. (CD)
Dulin, Basil B. St. John's Hospital (11) (R)
Ellis, Seth Wiley 1345 N. Madison Ave. (11) (IM)
Elsten, Aubrey W. 1333 Maryland Drive (11) (GP)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12) (GP)
Fischer, Warren E. St. John's Hospital (11) (R)
Gahimer, Joe E. 215 W. 19th St. (14) (IM)
Gray, William J. 2117 E. Fifth St. (12) (FP)
Hensler, Benton M. 1415 Raible (11) (GP)
Jarrett, Paul E. 1415 Raible (11) (OBG)
Jones, David G. 1504 N. Madison Ave. (11) (GP)
Jones, John David ..1719 N. Madison Ave. (12) (OPH)
Kepner, Robert S. ...1431 N. Madison Ave. (12) (PD)
King, Charles R. 1415 Raible St. (11) (GP)
Kopp, William R. ...2101 Jackson St. #105 (14) (GS)
Land, Richard N. 2009 Brown St. (14) (R)
Larmore, Joseph L. ..612 Anderson Bank Bldg. (16) (OPH)
Lind, John D. 4019 Columbus Ave. (14) (GP)
Long, Paul L. (S)
405 Anderson Bank Bldg. (16) (GP)
McCurdy, Robert W. ...2117 E. Fifth St. (12) (GS)
McDonald, Virgil G. (S) 1019 Delaware St. (14) (OS)
Moneyhun, James E. 2009 Brown St. (14) (GP)
Morris, Robert A. 1309 Park Rd. (11) (PD)
Nesbit, Leonard L. (S)
415 Citizens Bank Bldg. (16) (OPH)
Patterson, William K. ...8 S. Park Dr. (11) (ANES)
Polhemus, Warren C. 1803 Pearl St. (16) (GP)
Price, Ambrose M.
1431 N. Madison Ave. (12) (GP)
Reed, Roger R. 60 Van Buskirk Rd. (11) (GS)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16) (CD)
Ross, Guy E. 1931 Brown St. (14) (PD)
Royer, John D. Delco Remy Division (11) (OM)
Schemmer, Kenneth E. 1931 Brown St. (14) (GS)
Sharp, William L. ..559 Citizens Bank Bldg. (16) (P)
Sheldon, Suel A. ..508 Anderson Bank Bldg. (16) (D)
Stamper, Joseph H (S) ...1415 Raible Ave. (11) (GP)
Stamper, Robert J. 1415 Raible (11) (GP)
Starks, William O. ...3405 Nichol Ave. (11) (ORS)
Stevenson, Jerry L. 2017 Melody Ln. (12) (PTH)
Stinson, William M. 2101 Jackson St. (14) (GP)
Szumilas, Peter P. 2009 Brown St. (14) (OBG)
Taylor, James A. Delco Remy Div. (11) (OM)
Tierney, William J. 1431 N. Madison (16) (GS)
Wagoner, John R. 3522 Hawthorne Dr. (11) (U)
Webb, Harry D. ..515 Citizens Bank Bldg. (16) (GP)
Weiss, Louis L. P.O. Box 2129 (11) (AN)
Whitaker, Jack D. Community Hosp. (12) (PTH)
Wilder, Gordon B. (S) 1337 N. Nursery Rd. (12) (IM)
Williams, Francis M. 1012 Park Rd. (11) (IM)
Williams, Robert D. ...2009 Brown St. (14) (GP)
Woodall, John 1302 S. Madison Ave. (11) (FP)
Woodbury, Clarence R. ..3405 Nichol Ave. (11) (ORS)
Wright, Cecil S. (S) 207 Beverly Terrace (16) (R)

ELWOOD

(*Zip Code* 46036)

Buechler, William F. 1817 South A St. (GP)

Fitzpatrick, Harry W. (S) ..1309 S. Anderson St. (GP)
Hanson, Martin F. 100 N. First St. (GP)
Laudeman, Walter A. 1515 North A St. (GP)
Mengelt, Thos. Paul 1817 South A St. (GP)
Oldag, George E. 1301½ Main St. (OO)
Raymundo, Vivencio F. 1336 South B St. (GS)
Scea, Wallace A. 1601 S. Anderson St. (GP)

Ferrell, Mars B. 122 N. Main St., Fortville 46040 (FP)
Ridgway, Alton H. Lapel 46051 (FP)
Doles, Ted S. Middletown 47356 (GP)
Foley, Phillip D. Middletown 47356 (GP)
Reynolds, Ralph E. 1716 Winding Way, Middletown 47356 (AN)
Leahy, Howard J. (S) P.O. Box 150, Pendleton 46064 (GP)
Musngi, Luciano P. 102 S. Main Pendleton 46064 (GP)
Van Ness, William C. ...Summitville 46070 (GP)
Litzenberger, Sam W. (S) 23 Wonson St., Gloucester, Mass. 01930 (U)

MARION COUNTY

BEECH GROVE
(*Zip Code* 46107)

Alig, Howard M. 1500 Albany St. (OPH)
Atz, William 1500 Albany St. (ORS)
Buckel, Larry J. 1500 Albany St. (D)
Chevalier, Robert B. St. Francis Hospital (IM)
Chua, Gonzalo I. 1500 Albany St. (R)
Deitch, Robert D. 1500 Albany St. (OPH)
Dill, Charles W. 3655 S. Sherman Dr. (GP)
Donnelly, Robert W. ...1500 Albany St. #906 (R)
Fortuna, Frank W. 1615 Main St. (GP)
Garcia, Tierry F. 1500 Albany St. (OTO)
Graber, Martin J. 101 N. 17th St. (EM)
Joseph, Rex Morris 1500 Albany St. (FP)
MacDougall, John D. 1500 Albany St. (TS)
McCartney, Donald H. 1500 Albany St. (ORS)
Mandel, Darrel S. 1500 Albany St. #906 (R)
Sauer, John B. 3655 S. Sherman Dr. (GP)
Stayton, Chester A., Jr. ...1500 Albany St. #906 (R)
Teague, Frank W. (S) 1500 Albany St. (ORS)

Cummins, Douglas F. R.R. 1, Briarpatch Rd., Bargersville 46106 (AN)
Steury, Ernest M. 523 Compromise St., Berne 46711 (GP)
Aronoff, Michael S. ..600 N. Jordan St., Bloomington 47401 (IM)
Link, Goethe (S) Box 84, Brooklyn 46111 (OO)
Addleman, Robert H. R.R. 2, Box 146R, Brownsburg 46112 (AN)
Babcock, James L. 61 Ridgeway Dr., Brownsburg 46112 (ORS)
DeRosa, G. Paul 29 Ridgeway Dr., Brownsburg 46112 (ORS)
Martz, Bill L. 216 W. Tilden Rd., Brownsburbg 46112 (IM)

CARMEL
(*Zip Code* 46032)

Beams, Ronald N. 12023 Eden Glenn Dr. (OPH)
Bojrab, Lois D. 1908 Commons Dr. Apt. B (AN)
Carlson, Milton R. 12415 Brookshire Pkwy. (GP)
Cassady, James E. 3121 Birch Canyon Dr. (US)
Cuthbert, Marvin P. 1150 W. 131st (OPH)
Eskew, Philip N., Jr. ..614 S. Range Line Rd. (OBG)
Fiscus, Clifford W. ...3807 Rolling Springs Dr. (OPH)
Foster, Lee N. R.R. 3, 2020 136th St. W. (CLP)
Freeman, Max E. 89 First Ave. (GP)
Grisell, Ted Wood R.R. 1, Box 812 (CDS)
Hamaker, Ronald C. 10821 Braewick Dr. (HNS)
Harris, Carl B. 833 W. Main St. (OPH)
Hasewinkel, Carroll W. ...R. R. #2, Box 354 (ANES)
Hegman, Theodore F. 12204 Castle Row Overlook (EM)
Hennessee, Samuel D. 458 Ash Dr. (US)
Karsell, Wm. A. Box 295 B, R.R. 2, (OM)
Kendall, William R. 60 Wildwood Dr. (ANES)
Klutinoty, George II 11108 Lake Shore Dr. (FP)
McPike, Joseph D. 44 Horseshoe Lane (R)
Moretto, Thomas J. R.R. 2, Box 337 (FP)
Oldham, Alberta K. 505 W. 106th St. (GER)
Pearson, Jack W. 11715 Eden Glen Dr. (OBG)
Perez, Cesar E. Box 622 (ANES)
Perez, Hilda A. Box 622 (ANES)
Ragan, William D. ..11416 Lakeshore Dr. East (OBG)
Sales, Avelino T. 1203 Windsor Dr.
Schwarz, Anton J. 12437 Windsor Dr. (IM)
Sicks, Okla W. (S) 1970 Hamilton Lane (GS)
Stoelting, Robert K. 11424 Dona Dr. (AN)
Wilson, Fred M. R.R. 2, Box 296 (OPH)

Vandivier, Robert M. R. R. 3, Box 144B, Franklin 46131 (OO)
Gabrielson, Ted H. 120 W. McKenzie Rd., Greenfield 46140 (GS)
Pierce, Emmett C., Jr. Box 708, Greenfield 46140 (PATH)

GREENWOOD
(*Zip Code* 46142)

Arnold, Anthony J. 287 Restin Rd. (ORS)
Atkins, Clayton H. 100 N. Madison Ave. (GP)
Atkins, Steven D. 100 N. Madison Ave. (GP)
Buehl, Isabelle A. R.R. 3, Box 229 (PTH)
Cohn, Alvin F. 1338 W. Curry Rd. (AN)
DeMotte, C. Bowen (S) Box 44 (OS)
Feeney, Martin T. 4094 Rockingchair Rd. (OBG)
Onyett, Harold R. Box 358 (GP)

Buntin, Presley T. 2717 Bagley Dr., Kokomo 46901 (GS)
Young, John McConnell R.R. 1, Box 450, Monticello 47960 (U)
Reyes, Nestor U.S. 31 & Tracy, New Whiteland 46184 (FP)
Browning, William M. ..R.R. 1, Box 221-E, Nineveh 46164 (OS)
Paynter, Morris B. (S) 115 White Horse Lane, Noblesville 46060 (GP)
Grief, James V. 602 York Circle, Noblesville 46060 (R)

Tucker, Warren S.
R.R. 1, Box 307, Trafalgar 46181 (PUD)
Sovine, J. W. (S) R. #1, Woodburn 46796 (OO)

ZIONSVILLE

(Zip Code 46077)

Leffel, James M. R.R. 3, Box 111 (GS)
Ridolfo, Anthony S. R.R. 1, Box 121 (RHU)
Schwarz, Anton J. F. Box 10 (SR)

INDIANAPOLIS

(Zip Code 462 plus zone number.)

A

Adkins, Harold C. (S) 708 E. 46th St. (05) (GP)
Ahearn, Daniel J. 5470 E. 16th St. (18) (NEP)
Ahuja, Girdhar Lal 3151 N. Illinois St. (08) (PD)
Albertson, Frank P. (S) ..5031 Rockville Rd. (24) (GP)
Albrecht, Willard H. ..7400 Hollingsworth Dr. (68) (ANES)
Aldrich, Howard (S) ..4316 E. Washington St. (01) (GP)
Alig, Vincent B. 1815 N. Capitol Ave. (02) (P)
All, Barbara B. 1815 N. Capitol Ave. (02) (ANES)
Allen, Robert K. 737 Sherwood Dr. (40) (IM)
Alley, Thomas W. .2020 W. 86th St., #307 (60) (NEP)
Alvis, David L. 9100 Meridian Sq. (60) (OPH)
Alvis, Edmond O. (S)
9100 Meridian Sq. (60) (OPH)
Anshutz, William M. ...6340 Braemore Rd. (20) (R)
Antreasian, Berj 1303 N. Arlington Ave. (02) (IM)
Appel, Richard H. (S) 122 East 61st St. (20) (EM)
Applegate, George W. ..2020 W. 86th St., #307 (60) (IM)
Arbogast, John L. (S)
3933 Washington Blvd. (05) (OS)
Arbuckle, William E. (S). ..1150 S. Sheffield (21) (GP)
Armstead, John W. ...2140 N. Capitol Ave. (02) (OBG)
Arnold, Aaron L. ...6221 N. Keystone Ave. (20) (GP)
Arnold, Robert D. 5470 E. 16th St. (18) (OBG)
Aronson, Sidney S. (S) ..#3360, One Indiana Square (04) (OO)
Asher, James W. 8407 Moore Rd. (78) (GP)
Assue, Clare M. 1315 W. 10th St. (02) (P)
Athar, Shahid 8402 Harcourt #310 (60) (END)
Avery, George O. 5321 N. Kessler Blvd. (08) (GP)

B

Baadj, Abdel G. 2809 S. Holt Rd. (41) (GS)
Bachmann, Arnold J. ..3736 N. Delaware St. (05) (OBG)
Bader, Joseph 6457 Bramwood Ct. (56) (OS)
Baird, Melvin S. 19 W. 22nd St. (02) (GP)
Baker, John C. 30 W. Fall Creek Pkwy. (06) (GP)
Balch, James F., Jr. 8402 Harcourt Rd. (60) (U)
Ball, Joseph E. 6612 E. 9th St. (19) (GP)
Barnes, Gilbert H. 5513 Hedgerow Dr. (26) (GP)
Bartley, Max D. 50 E. 91st St. #210 (40) (OPH)
Bastnagel, William F. 5430 Washington Blvd. (20) (IM)
Bate, M. H. 8402 Harcourt Rd. (60) (GS)
Bates, Laurence H. ...3524 N. Meridian St. (08) (IM)
Battersby, J. Stanley 6001 Sunset Ave. (08) (TS)
Batties, Paul A. 2142 N. Capitol Ave. (02) (GP)
Bauer, Thomas B. 7685 Clarendon Rd. (60) (PS)
Baumeister, Herbert E.
3266 N. Meridian St. (08) (ANES)
Baxter, John P. 3266 N. Meridian St. (08) (GS)
Beach, Robert R. (S)
5810 E. Pleasant Run Pkwy., N. Dr. (19) (OO)
Beaver, Howard W. 3101 S. Meridian (17) (GP)
Bechtol, Lavon D. 740 S. Alabama St. (06) (PA)
Beck, Evart M. 915 E. 38th St. (05) (IM)
Becker, Harry G. 6060 College Ave. (20) (GS)
Beeler, John W. 7974 N. Illinois St. (60) (R)
Beering, Steven C. ...I. U. Medical Center (02) (IM)
Belshaw, George 1640 N. Ritter Ave. (18) (OBG)
Belt, James H. 8801 N. Meridian St. (60) (PD)
Bender, Bruce H. 4949 Carson Ave. (27) (IM)
Benedict, Paul F. 5626 E. 16th St. (18) (GS)
Bennett, Ivan F. Lilly Clinic, MCGH (02) (P)
Bennett, James E. I. U. Medical Center (02) (PS)
Bennett, William S. ..1815 N. Capitol Ave. (02) (AN)
Benson, J. Thomas
650 N. Girls School Rd. (24) (OBG)
Benz, James A. ..Marion Co. Gen. Hosp. (07) (FOP)
Berman, Edward J. ...3426 N. Meridian St. (08) (PDS)
Berman, Jacob K. (S) ...3939 Cooper Lane (08) (GS)
Berry, Margaret 8402 Harcourt Rd. (60) (IM)
Bhagwandin, Harry O. ..4761 Southeastern Ave. (03) (IM)
Bibler, Lester D. (S) ..4360 N. Pennsylvania (05) (FP)
Biegel, Angenieta A. 2842 Stillman Ave. (68) (IM)
Bill, Robert O. 3231 N. Meridian St. (08) (PYA)
Bixler, Gloria Anne .8402 Harcourt Rd #317 (60) (P)
Blackburn, Robert A.
528 N. Turtle Creek, E. Dr. (27) (OTO)
Blackford, Florence (S) ...5909 E. 10th St. (19) (R)
Blackford, Ralph E. (S) ..5909 E. 10th St. (19) (GS)
Blackwell, Donald S. ...1815 N. Capitol Ave. (02) (ORS)
Blake, Albert L. 6471 Knyghton Rd. (20) (IM)
Blatt, A. Ebner ...3266 N. Meridian St. (08) (IM)
Bloemker, Edward F. 2729 Shelby St. (03) (GP)
Blythe, Jerry E. ..924A Park Central Dr. S. (60) (GP)
Boester, Jeffrey A.
7431 Countrybrook Dr. (60) (OBG)
Boggs, Eugene F. (S) 8 E. Troy Ave. (25) (IM)
Boling, Frederick F. 3849 Tansel Rd. (34) (GP)
Boling, Grover C. 1440 E. 46th St. (05) (GP)

Bolinger, Garry L. 301 E. 38th St. (05) (CLP)
Bond, Virginia 4525 W. 59th St. (54) (ANES)
Bond, William H. I. U. Medical Center (02) (IM)
Bonsett, Charles A. 6133 E. 54th Pl. (26) (N)
Booher, Olga Bonke ..2818 Barbary Ln. (05) (PD)
Booth, Boynton H. 8800 N. Meridian St. (60) (D)
Boyce, Paul A. 5235 N. Meridian St. (08) (DIA)
Boyer, Floyd A. (S) 136 S. Whittfield (29) (GP)
Brady, Thomas A. ...1815 N. Capitol Ave. (02) (ORS)
Brantly, James M. ...11175 Southeast Ave. (59) (IM)
Brayton, Lee 3930 N. Illinois St. (08) (GP)
Brickley, Harry D. ...3266 N. Meridian St. (08) (GS)
Brickley, Richard A. ...3266 N. Meridian St. (08) (GS)
Briggs, Robert W. 2140 N. Capitol (02) (IM)
Brillhart, James R. ...5506 E. 16th St. (18) (OBG)
Brissenden, R. B., III
320 N. Meridian St., Rm. 812 (04) (AN)
Brogan, Thomas M. 1265 W. 86th St. (60) (GP)
Brooks, Fred R., Jr. ..1660 Cunningham Dr. (24) (GP)
Brown, David E. ..1944 N. Capitol Ave. (02) (OTO)
Brown, DeWitt W.
1815 N. Capitol Ave. #202 (02) (P)
Brown, Earl R., Jr. 1500 N. Ritter Ave. (19) (DR)
Brown, Frances T. (S) ..2126 N. Talbot Ave. (02) (GP)
Brown, Frank M. 2875 Clifton (08) (FP)
Brown, Gordon T. 3266 N. Meridan (08) (P)
Brown, Wendell E. 3750 N. Gale St. (18) (PD)
Brownley, E. Jane 2840 N. High School Rd. (24) (PD)
Bruce, Reginald A. Methodist Hosp. (02) (R)
Brueckmann, F. Robert
1815 N. Capitol Ave., #401 (02) (ORS)
Bullard, J. Roger 3266 N. Meridian (08) (ANES)
Burdett, Harold F. 3266 N. Meridian St. (08) (IM)
Burghard, Rolla D. 1500 N. Ritter Ave. (19) (EM)
Burt, Michael 7818 Providence Circle (50) (NS)
Butler, John O. 4949 Carson Ave. (27) (IM)
Butterworth, Joseph C. ...3266 N. Meridian St. (08) (U)

C

Cadiente, Samson S. ..3266 N. Meridian St. (08) (GS)
Cahn, Hugo M. (S) 6416 Hoover Rd. (60) (OS)
Cahn, Peter H. 9100 Meridian Sq. (60) (OPH)
Caldwell, Marilyn R. 111 E. 53rd St. (20) (P)
Calland, Sabra W. MCGH
8932 Wickham Rd. (60) (PTH)
Campbell, H. Edwin, Jr.
8402 Harcourt Rd. (60) (OBG)
Campbell, Richard W. 3625 E. 71st St. (20) (CD)
Campbell, Robert L...I.U. Medical Center (02) (NS)
Caplin, Irvin 1815 N. Capitol Ave. (02) (A)
Caputi, Saverio, Jr.
534 Turtle Creek Dr. #C2 (27) (R)
Card, William H. 650 E. 80th St. (60) (PTH)
Carter, Charles B. ...5470 E. 16th St. #9 (18) (NEP)
Carter, James E. ...Wm. Coleman Hosp. (02) (OBG)
Cattell, Lee M. 555 Forest Blvd. (40) (ORS)
Cavins, John A. 6202 N. Sherman Dr. (20) (HEM)
Chapman, Wm. E. 3266 N. Meridian (08) (U)
Chattin, William R. 5430 E. 21st St. (18) (PD)
Chavez, Mauro, E. ..2840 N. High School Rd. (24) (OBG)
Chen, Ko Kuei (S) 7975 Hillcrest Rd. (40) (PA)
Chernish, Stanley M. 4403 Radnor Rd. (06) (OS)
Cheung, Amy A. 1649 Northbrook (60) (PD)
Chivington, Paul V., Jr.
1815 N. Capitol Ave. (02) (D)
Christensen, Charles N.
689 Holliday Lane (60) (PD)
Christie, Marvin C. 3340 E. Loretta (27) (GP)
Chroniak, Walter ..41 N. Shortridge Rd. (19) (IM)
Clark, Charles M. Jr. ...1481 W. Tenth St. (08) (IM)
Clark, Edward E. ..3731 N. Keystone Ave. (18) (GP)
Clark, George A. 50 E. 91st St. (40) (OPH)
Clark, Lawson J. ...3736 N. Delaware St. (05) (OBG)
Cline, Donald L. 704 Braeside, S. Dr. (60) (OBG)
Clutter, David R. 6505 E. 82nd St. (50) (FP)
Cobb, Clarence M. ..3202 N. Meridian St. (08) (PATH)
Cockerill, Edward M.
8749 Green Braes S. Dr. (34) (R)
Coggeshall, Warren E. ..3524 N. Meridian St. (08) (CD)
Collins, Hubert L. 6745 E. 10th St. (19) (GP)
Collins, Robert C. ..3440 N. Meridian St. (08) (GP)
Conway, Chester C. (S)
4402 E. New York St. (01) (GP)
Conway, Glenn (S) 1620 S. East St. (25) (US)
Cookson, Lawrence U. 360 W. 62nd St. (40) (R)
Cooper, Daniel F. ..1815 N. Capitol Ave. (02) (NS)
Cortese, James V. 3901 S. East St. (27) (GP)
Cortese, Thomas A. ...3901 S. East St. (27) (GS)
Cortese, Thomas A., Jr.
528 Turtlecreek N. Dr., (27) (D)
Costin, Robert L. ...301 E. 38th St. (05) (PATH)
Coughenour, J. Robt.
534 Turtle Creek Dr. N. (27) (GP)
Countryman, Frank W. ..1815 N. Capitol Ave. (02) (P)
Craft, Kenneth L. (S) ..2245 S. Sheridan Ave. (03) (A)
Craig, Alexander F. 7751 Conifer (50) (AN)
Cravens, Frederick A. 3351 N. Meridian St. (08) (OBG)
Cravens, Robert E. 8402 Harcourt Rd. (60) (ORS)
Crawford, John A. ..8402 Harcourt Rd. (60) (ORS)
Cronin, H. Joseph ...7843 Windcomb Blvd. (40) (R)
Cross, David G. St. Vincent's Hosp. (60) (EM)
Crossin, James A. ...1815 N. Capitol Ave. (02) (GS)
Csicsko, John F. I.U. Medical Center (02) (GS)
Culbertson, Clyde G. ..R.R. 4, Nashville 47448 (PTH)
Cumming, James R. 8121 N. Illinois St. (60) (PD)
Cure, Charles W. ...1815 N. Capitol Ave. (02) (NS)

Curry, R. Louis 5705 E. 38th St. (18) (GP)
Cusick, James A. 8829 Rexford Rd. (60) (AN)
Czenkusch, Helen G. ..2840 High School Rd. (24) (PD)

D

Daley, Edward H. 5118 E. Dickson Rd. (26) (AN)
Dallas, Fred R. 1640 N. Ritter Ave. (18) (U)
Dalton, William W.
Lilly Research Labs., (06) (OM)
Daly, Joseph M. 532 Turtle Creek, N. Dr. (27) (PD)
Daly, Walter J. IUMC, 1100 W. Michigan (02) (IM)
Darbro, David A. 2124 E. Hanna (27) (FP)
Darnell, Jeffrey C. 7414 Creekbrook Dr. (27) (IM)
Davis, Bennie L. 2615 N. Capitol Ave. (08) (U)
Davis, Margaret M. ..2603 W. 42nd St. (08) (ANES)
Davis, Sam J. 115 N. Pennsylvania, #1252 (04) (ORS)
Deal, Eleanor H. 4917 W. 15th St. (24) (GP)
Dearmin, Robert M. (S) ..6616 Spring Mill Rd. (60) (OO)
DeArmond, Murray (S) ..1815 N. Capitol Ave. (02) (P)
DeBrota, John, Jr. ..3266 N. Meridian St. (08) (ANES)
Deever, John W. 4131 Shelby St. (27) (OBG)
Denny, Forrest L. 3351 W. 10th St. (22) (FP)
Denny, James W. (S) ...25 N. Ritter Ave. (19) (GP)
Deogracias, Monica D. ...4002 Meadows Dr. (05) (ANES)
DeWees, Dwight L. (S) ..302 N. Bradley Ave. (01) (GP)
DeWester, Gerald M. ...4949 Carson Ave. (27) (GP)
Dick, William H. 2020 W. 86th St. (60) (IM)
Dickson, Carolyn L. 501 N. West St. (02) (GP)
Dill, Myron K. 3120 N. Meridian St. (08) (IM)
Dillon, Gary P. 324 E. 36th St. (05) (D)
Dilts, Robert L. 9041 Briarclift Rd. (56) (GP)
Dolan, Patrick A. 9038 Chestnut Ct. (60) (R)
Donahue, James M. ...1815 N. Capitol Ave. (02) (P)
Donato, Albert M. ..2860 Churchman Ave. (03) (GP)
Donohue, John P. ..IUMC, 1100 W. Michigan (02) (U)
Doran, J. Hal 8402 Harcourt Rd. (60) (CD)
Doughty, Samuel R., Jr. ..5350 E. 38th St. (18) (ANES)
Douglas, William T. 3266 N. Meridian St. (08) (ANES)
Dowd, Joseph A. ...525 W. Hampton Dr. (08) (IM)
Dryden, Gale E. 5835 N. Tacoma (20) (ANES)
Dubois, Don R. 7150 S. Madison (27) (PD)
Du Bois, Michael B. ..3524 N. Meridian St. (08) (IM)
Dugan, William M., Jr. ...3524 N. Meridian St. (08) (IM)
Duncan, Stuart J. 3037 S. Meridian St. (17) (GP)
Dunkin, Ramon S. ..3266 N. Meridian St. (08) (PUD)
Dyar, Edwin W. ..2020 W. 86th St. (60) (OPH)
Dyar, Robert W. ...2020 W. 86th St. (60) (OPH)
Dyke, Richard W. 542 W. 83rd St. (60) (HEM)
Dyken, Mark L. ...IUMC, 1100 W. Michigan (02) (N)

E

Earp, Evanson B. (S) ..3368 Washington Blvd. (05) (PH)
Eaton, Edwin R. Community Hospital (19) (EM)
Eaton, Lyman D. ...6921 N. Keystone Ave. (20) (IM)
Ebert, J. Wayne (S) ..1618 E. Stop 11 Rd. (27) (GP)
Echt, Charles R. 3266 N. Meridian (08) (OBG)
Edwards, David J. ..1330 W. Michigan St. (02) (PH)
Edwards, Joshua L.
I.U. Medical Center (02) (PATH)
Edwards, Judith A. 8836 Kirkham Rd. (60) (P)
Edwards, Wendell L. ...8836 Kirkham Rd. (60) (AN)
Egbert, Herbert L. 5317 E. 16th St. (18) (GS)
Ehrlich, Clarence E.
8704 Pemberton Circle (60) (OBG)
Eicher, Palmer O. (S)
3266 N. Meridian St. (08) (ORS)
Eldridge, Gail E. 1440 E. 46th St. (05) (GP)
Elkins, James P. ..2045 Lick Creek Dr. (03) (OGB)
Elliott, Daniel R. 7610 Candlewood Lane (50) (R)
Elliott, William C. ...3524 N. Meridian St. (08) (CD)
Ellis, Forrest D. I.U. Medical Center (02) (OPH)
Ellis, William N. 1640 N. Ritter Ave. (18) (GP)
Emhardt, John T. 3305 Brill Rd. (27) (OM)
Emkes, Bernard J.
Methodist Hosp. Grad. Med. Center (02) (IR)
Evans, Frederick H. ...2140 N. Capitol (02) (OTO)
Evans, Paul V. ...Methodist Hospital (02) (PATH)
Evans, Rayburn M. 4746 N. Broadway (05) (FP)
Evens, Marvin A. 5353 E. 38th St. (18) (ANES)
Everly, Ralph V. 706 E. 46th St. (05) (GP)

F

Failey, Robert B., Jr. 1100 W. Michigan (02) (IM)
Faris, James V. 3215 Rutledge Dr. (08) (CD)
Farrell, Joseph T. ...513 N. Sherman Dr. (01) (GP)
Farris, John J. St. Vincent's Hosp. (60) (GP)
Fausset, C. Basil ...1815 N. Capitol Ave. (02) (NS)
Fechtman, William F.
1815 N. Capitol Ave. (02) (OTO)
Ferguson, Jeffrey H. ..3250 Arbutus Dr. (18) (OBG)
Ferrara, Thomas A. 5470 E. 16th St. (18) (OBG)
Ferree, H. Lane ..1815 North Capitol #202 (02) (P)
Ferry, Francis A. ..1638 E. Raymond St. (03) (GP)
Feurer, Henry 3361 Watergate Court (24) (NS)
Finneran, Joseph C.
8402 Harcourt Rd. #417 (60) (GS)
Fisch, Charles ...I.U. Medical Center (02) (CD)
Fischer, A. Alan Dept. Family Medicine, 1100 W. Michigan St. (02) (FP)
Fisher, William P. ...I.U. Medical Center (02) (P)

Fitzgerald, Edward B.
8402 Harcourt #411 (60) (CDS)
Fitzgerald, Joseph F. ..I.U. Medical Center (02) (PD)
Fitzgerald, William J. ..1118 E. St. Clair St. (02) (GP)
Flanagan, Paul M. 5842 N. LaSalle (20) (OS)
Flanders, Robert, Jr. ..3266 N. Meridian St. (08) (IM)
Flanigan, Meredith B. ..3305 Rutledge (08) (ANES)
Flora, Joseph O. (S) ..4317 W. Washington St. (41) (GP)
Fosgate, Harold L. ...4301 E. 38th St. (18) (GP)
Foster, Lowell G. 3500 Lafayette Rd. (27) (P)
Foster, Ray D. 8330 Naab Rd. #203 (60) (OTO)
Frankel, Gerald J. 3266 N. Meridian St. (08) (U)
Franken, E. A., Jr. ...I.U. Medical Center (02) (PDR)
Franklin, William L. 33 E. 37th St. (05) (ORS)
Freed, Carl A. 4334 Springwood Tr. (08) (OBG)
French, Richard N. ..Larue Carter Hosp. (02) (P)
French, Richard S. 8402 Harcourt Rd. (60) (N)
Fromhold, Willis A. ...510 Willard Ave. (27) (IM)
Fry, Robert D. 1240 Consolidated Bldg. (04) (GS)
Fulton, William H. ..7216 S. Madison Ave. (27) (N)
Fundenberger, Martin ...2815 E. 38th St. (18) (OPH)
Furman, Robert H. 307 E. McCarty St. (25) (OS)

G

Gabovitch, Edward R. ..1935 N. Capitol Ave. (02) (RHU)
Gaddy, Nelson D. 3226 W. 46th St. (08) (GP)
Gambill, William D. 118 W. 18th St. (02) (IM)
Ganaden, Eulogio V. ...3000 W. Washington St. (22) (P)
Garber, J. Neill ...1815 N. Capitol Ave. (02) (ORS)
Garceau, George J. (S) ..1164 Ivy Lane (20) (ORS)
Gard, Daniel A. 1919 N. Capitol Ave. (02) (OM)
Gardiner, Sprague H. ..I. U. Medical Center (02) (OBG)
Gardner, Austin L. 8402 Harcourt Rd. (60) (CD)
Gardner, F. Buckman
530 Willow Spring Rd. (40) (AN)
Gardner, Norman D. ..3266 N. Meridian St. (08) (R)
Garfield, Martin D. ...3705 N. College Ave. (05) (GP)
Garner, W. Stanley ...2704 E. 62nd St. (20) (GP)
Garrett, Robert A. I.U. Medical Center (02) (U)
Gaurano, Lauro M. ...234 E. Southern Ave. (25) (IM)
Geider, Roy A. (S)
5816 Pleasant Run Pkwy. (19) (GP)
Geisler, Hans E. 5470 E. 16th St. (18) (OBG)
George, Charles L. 1121 E. 80th St. (40) (ANES)
Gibson, Greta-Maxine (S)
5744 Broadway Terrace (20) (OS)
Gick, Herman H. (S) ..2705 E. Michigan St. (01) (GP)
Gilkison, Wm. Minor 8242 S. Madison (27) (FP)
Gillespie, Charles F. ..3266 N. Meridian St. (08) (OBG)
Gillespie, Jacob E. ..115 N. Penn. St. #1246 (04) (GP)
Gillim, Parvin D. ..8402 Harcourt Rd. (60) (OPH)
Girod, Donald A. I.U. Medical Center (02) (PDC)
Glover, John L. 6160 Sunset Lane (08) (GS)
Goldenberg, David B.
1815 N. Capitol Ave. (02) (R)
Gonzalez, Alfredo B. ...3901 S. East St. (27) (GS)
Goodman, Julius M. ...1815 N. Capitol Ave. (02) (NS)
Gormley, Joseph J. ...2372 Lafayette Rd. (22) (GP)
Gosman, James H. ...1815 N. Capitol Ave. (02) (D)
Graham, John D. 6315 Old Orchard Rd. (26) (IM)
Graham, William E.
8402 Harcourt Rd. (60) (OBG)
Gray, Howard R. 8800 N. Meridian St. (60) (D)
Gray, Kenneth L. ..2727 N. High School Rd. (24) (FP)
Grayson, Merrill ...I.U. Medical Center (02) (OPH)
Grayson, Ted L. 2020 W. 86th St. (60) (GS)
Green, Morris Riley Hospital, 1100 W. Michigan St. (02) (PD)
Green, Oscar Box 40506 (40) (OTO)
Greene, Morgan E. ..2014 Winchester Dr. (27) (PUD)
Gregory, Robert L. 5506 E. 16th St. (18) (DIA)
Greist, John H. 3231 N. Meridian St. (08) (P)
Grief, Robert S. 2302 E. Troy (03) (GP)
Griep, John A. IUMC, 1100 W. Michigan (02) (PATH)
Griffin, Leslie W. 3203 W. 57th St. (08) (OM)
Griffith, Richard S.
2002 Cunningham Rd. (24) (OS)
Griffith, Ross E. ..801 Kessler Blvd. W. Dr. (08) (OO)
Grimes, Eva M. 6001 Buckskin Circle (50) (DR)
Grimes, Hubert N. ...5516 E. 21st St. (18) (PD)
Grisell, Ted L. 5317 E. 16th St. (18) (GS)
Grosfeld, Jay L. Riley Hospital (02) (PDS)
Grosz, Hanus J. I.U. Medical Center (02) (P)
Grove, Dean A. 2729 Pomona Ct. (68) (US)
Gruber, Charles M. Lilly Clinic, MCGH (02) (OS)

H

Habegger, Elmer D. 8330 Naab Rd. (60) (GS)
Hackney, Victor C. ...I.U. Medical Center (02) (D)
Hadley, David ..5601 N. Pennsylvania St. (20) (ORS)
Halbrook, Harold G. ..1815 N. Capitol Ave. (02) (GS)
Hall, Jack H. Methodist Hospital (02) (CD)
Hamburger, Richard J. ..I.U. Medical Center (02) (NEP)
Hamilton, Howard B. ..901 S. Emerson Ave. (03) (GP)
Hampshire, Donald R. ..1443 N. Pennsylvania St. (02) (GP)
Hann, Eldon C. 1815 N. Capitol Ave. (02) (NS)
Harcourt, Robert S. ..1915 N. Capitol Ave. (02) (HS)
Harding, M. Richard
8801 N. Meridian St. (60) (OPH)
Hare, Earl H. (S) ...5524 N. Delaware St. (20) (OO)
Hare, Laura 87 W. 43rd (08) (IM)
Harger, Robert W.
115 N. Pennsylvania St., #1144 (04) (OPH)
Harris, Paul N. 4114 E. 65th St. (20) (PATH)
Harvey, Verne K., Jr.
1330 W. Michigan St. (02) (PH)

Hatfield, Nicholas W. 5851 E. 54th Pl. (26) (OS)
Hawk, Edgar A. 7328 Huntington Rd. (40) (AN)
Hawthorne, James J. 4546 Crooked Creek Ridge Dr. (08) (IM)
Haymond, Joseph L. ...301 E. 38th St. (05) (PATH)
Haynes, John T. 1815 N. Capitol Ave. (02) (A)
Healey, Robert J. ...5559 Washington Blvd. (20) (GE)
Heck, Larry L. 2103 Whitewood Ct. (60) (NM)
Helmen, Charles H. I.U. Med. Center (02) (R)
Helveston, Eugene M. ..I.U. Medical Center (02) (OPH)
Henderson, Roscoe C. 101 E. 34th St. (05) (GP)
Hendricks, Fred A. ..6917 N. Keystone Ave. (20) (GP)
Hendricks, John W. (S) ..124 W. 64th St. (20) (OO)
Henry, Russell S. (S) ..4715 Rydal Court (54) (PUD)
Herod, Gilbert T. 1815 N. Capitol Ave. (02) (TS)
Heubi, John E. 6904 N. Park Ave. (20) (PD)
Hibbeln, Frederic P. 8402 Harcourt Rd. (60) (D)
Hicks, Murwyn L. 5212 Channing Rd. (26) (AN)
Hill, Herbert N. 4422 N. Melbourne Dr. (08) (FP)
Hill, James K. 1815 N. Capitol Ave. (02) (PD)
Hilz, James M. 6550 Yellowstone Pkwy. (17) (TS)
Hilz, Mary Ann 6550 Yellowstone Pkwy. (17) (R)
Himelstein, N. Harvey ..3500 Lafayette Rd. (22) (FP)
Himler, James M. (S) 8015 Bluff Rd. (17) (OO)
Hitchcock, Larry G. 3743 Ashway Dr. (24) (U)
Hobbs, Hudner 6450 W. 10th St. (24) (PD)
Hodel, Harry L. 859 Westmore Dr. (24) (R)
Hogan, Michael A. .7514 Brookview Circle (50) (PD)
Holland, William M. ..3524 N. Meridian St. (08) (IM)
Holman, Jerome E., Jr. 6127 N. College Ave. (20) (OS)
Holman, Jerome E., Sr. (S) 4503 E. Kessler Blvd. (20) (GP)
Hood Ainslee A. 1810 Rosedale (27) (GP)
Hopkins, Bruce J. ...8402 Harcourt Rd. (60) (OTO)
Hornback, Ned B. 1100 W. Michigan St. (02) (TR)
Horwitz, Thomas 5402 N. Meridian (08) (ORS)
Houser, D. Duane ...1815 N. Capitol Ave. (02) (A)
Howell, Joseph D. ..6525 E. 82nd St. #110 (50) (A)
Hoyt, Lester H. ...Methodist Hospital (02) (PATH)
Hubbard, Jesse D. I.U. Medical Center (07) (PTH)
Hull, Ronald H. 1815 N. Capitol Ave. (02) (P)
Hunt, James A. 5454 N. Illinois St. (08) (P)
Hunter, Charles A., Jr. ..I.U. Medical Center (02) (OBG)
Hurwitz, Robert M. 8402 Harcourt Rd. (60) (D)
Hurwitz, Roger A. ..I.U. Medical Center (02) (PDC)
Huse, William M. .7402 Hazelwood Ave. (60) (OBG)
Hutson, Richard A. ...1815 N. Capitol Ave. (02) (ORS)

I

Irvine, William O. ..1815 N. Capitol Ave. (02) (ORS)
Irwin, Glenn W., Jr. I.U. Medical Center (02) (IM)
Isch, John H. 8402 Harcourt Rd. (60) (TS)
Isenbarger, Karl 111 E. 75th St. (40) (GP)
Iske, Paul G. (S) 818 East 79th St. (40) (IM)

J

Jagger, Michael J. 5642 N. Broadway (20) (US)
James, Charles E. ..7780 N. Michigan Rd. (68) (GP)
Jani, Natwerlal S. ...3332 MacArthur Lane (24) (PH)
Jardine, Don Ross 3500 Lafayette Rd. (22) (ORS)
Jarrett, Paul Eugene 1100 W. Michigan St. (02) (OBG)
Jay, James M. 1645 Hall Pl. (02) (IM)
Jenkins, John E., Jr., ..3740 Central Ave. (08) (GP)
Jenkins, Robert E. 3500 Lafayette Rd. (22) (D)
Jesseph, John E. 1100 West Michigan St. (02) (GS)
Jewett, Joe H. 3120 N. Meridian St. (08) (IM)
Jobes, James E. (S) ..54 Monument Circle (04) (OM)
Johnson, A. Cedric, Jr. ..1815 N. Capitol Ave. (02) (GS)
Johnson, Earl H. 4801 Plantation Dr. (50) (U)
Johnson, Thomas W. 351 W. 63rd St. (60) (OTO)
Jolly, Walter Wm. 8402 Harcourt Rd. (60) (TS)
Jones, David E. 320 N. Meridian St. (04) (OTO)
Jones, F. Haven 960 Locke St. (02) (N)
Jones, Francis P. 745 N. Riley Ave. (01) (AN)
Jones, Gordon C. 6360 Bradshaw Rd. (20) (GP)
Jones, Randolph W. ...2416 N. Capitol Ave. (08) (OBG)
Jones, Richard A. ..8402 Harcourt Rd. (60) (OTO)
Jontz, Jon P. 5350 E. 38th St. (18) (ANES)
Josephson, David A. 5937 Laketon Dr. (20) (N)
Jowitt, Richard H. 5390 Brendonridge Rd. (26) (N)
Joyner, John E. 5515 Woodside Dr. (08) (NS)
Judd, Russell L. 1213 N. Arlington (19) (U)

K

Kahler, Maurice V. (S) ..2638 Kessler Blvd. (22) (GP)
Kahn, Alexander J. 8402 Harcourt Rd. #406 (60) (PD)
Kahn, Howard L. 8402 Harcourt Rd. #408 (60) (OBG)
Kaiser, James L. 5626 E. 16th St. (18) (ORS)
Kalsbeck, John E. ...I.U. Medical Center (02) (NS)
Kammen, Leo 3202 W. 16th St. (22) (GP)
Katterjohn, James C. 9035 Pickwick Dr. (60) (TR)
Keating, John U. ..8415 Washington Blvd. (40) (P)
Kebel, Arthur P. 4411 N. Meridian St. (08) (OM)
Keenan, George B. 3225 Shelby St. (27) (FP)
Kennedy, Hunter F. ..5026B Allisonville Rd. (05) (GP)
Kennedy, Joseph T. .5316 Brendonridge Rd. (26) (AN)
Keener, Gerald T. ..5455 N. Pennsylvania St. (OPH)
Kenney, David B. ...5506 E. 16th St. (18) (OPH)
Kernek, Clyde B. 8402 Harcourt Rd. (20) (ORS)
Kerner, Donald J. 731 Mellowood Dr. (27) (GP)
Kettlekamp, Donald B. 1100 W. Michigan St. (02) (ORS)
Killen, Larry R. 1843 Timberton Lane (60) (DR)
Kim, Kil Chol I. U. Medical Center (02) (ANES)
King, Harold I.U. Medical Center (02) (TS)
King, Joseph P. 2625 N. Meridian St. (08) (CHP)
King, Leroy H. 5470 E. 16th St. (18) (NEP)
King, Michael S. 8002 Cheswick Dr. (19) (OBG)
King, Robert D. I.U. Medical Center (02) (TS)
Kingsbury, David H. ...2020 W. 86th St. (60) (D)

Kirkhoff, Paul J. 5430 E. 21st St. (18) (PD)
Kirtley, William R. 7447 N. Park Ave. (40) (IM)
Kissel, Wesley A. 1815 N. Capitol Ave. (02) (P)
Klain, Benjamin V. 4157 College Ave. (05) (GP)
Klein, John C. 740 E. 52nd St. (05) (ORS)
Kleit, Stuart A. I.U. Medical Center (02) (NEP)
Kohlstaedt, Karl C. ...8685 Guilford Ave. (40) (OM)
Kohlstaedt, Kenneth G. 645 E. 80th St. (40) (OS)
Kolar, Oldrich J. 1100 W. Michigan St. (02) (N)
Konkle, Amy D. 2705 W. 44th St. (08) (P)
Kooiker, John E. 1815 N. Capitol Ave. (02) (P)
Koons, Karl M., Jr. ..5470 E. 16th St. (18) (GS)
Kopecky, Robert R. ...4131 Shelby St. (27) (OBG)
Kornafel, L. H. 5626 E. 16th St. (18) (GS)
Kriel, William B. ..5630 W. Washington St. (41) (GP)
Kryszek, Stanley H.
1919 N. Capitol Ave. (02) (OM)
Kuntz, Herman W. (S)
5317 E. 16th St. #7 (18) (OTO)
Kurlander, Gerald J. 7917 Springmill Rd. (60) (R)
Kurtz, Philip L. 296 W. 73rd St. (60) (IM)
Kurtz, Richard 3351 N. Meridian (08) (OTO)
Kwitny, Isadore J. (S) 2206 Boston Ct. (08) (IM)

L

LaDine, Clarence B. ..5417 N. Meridian St. (08) (GP)
Lamb, Emmett B. (S) ..3120 N. Meridian St. (08) (GS)
Lamb, Russell W. 3120 N. Meridian St. (08) (OM)
Lamber, Chet K. ..400 Board of Trade Bldg. (04) (GS)
Lamkin, E. Henry, Jr. ...1935 N. Capitol (02) (IM)
Landwehr, Alfons 5217 Leone Place (26) (PUD)
Lane, C. Elaine ...2840 N. High School (24) (IM)
Lang, Jay W. ...5350 E. 38th St. (18) (ANES)
Largaespada, Manuel ...549 S. Fleming (41) (GS)
Lasich, Anthony R. ..1815 N. Capitol Ave. (02) (ORS)
Lawrence, James M. .8036 Gunnery Circle (78) (OPH)
Lawson, Allan J. ...2020 W. 86th St. (40) (PD)
Leatherman, Harter L. (S) ..1502 E. 46th St. (05) (OS)
Lee, Domingo K. 3901 S East St. (27) (PM)
Leedy, Donald K. ..3500 Lafayette Road (22) (PD)
Leffler, William T. ...2141 E. 52nd St. (05) (GP)
Lehman, Evan L. ..2020 W. 86th St. (60) (OBG)
Leser, Ralph U. ...3901 N. Meridian St. (08) (IM)
Levi, Leon 8402 Harcourt Rd. (60) (IM)
Lewis, Paul S. 6380 W. Ohio St. (24) (GP)
Lewis, R. Earl 2555 Davis Rd. (59) (OS)
Lichtenberg, Melvin 535 E. 38th St. (05) (GP)
Lindenborg, Paul G. ...6431 Creekside Ln. (20) (GP)
Lindseth, Richard E. ..I.U. Medical Center (02) (ORS)
Lingeman, Raleigh E. ..1100 W. Michigan St. (02) (OTO)
Littlefield, Paul A. ..1815 N. Capitol (02) (ANES)
Littlefield, Shirley D. ..1815 N. Capitol Ave. (02) (ANES)
Lloyd, Frank P. Methodist Hospital (02) (GS)
Logan, Patrick C. 5506 E. 16th St. (18) (D)
Loomis, Norman S. (S) ..5416 E. 81st St. (50) (OO)
Lord, Glenn C. (S) ...7437 Holiday Dr. W. (60) (GP)
Lord, Thomas J. 8402 Harcourt Rd. (60) (IM)
LoSasso, Alvin M. ..1100 W. Michigan (02) (ANES)
Louden, Robert W. ...1221 E. 86th St. (40) (GP)
Love, George N. ..5331 Washington Blvd. (20) (ANES)
Lowe, Daniel K. 4405 N. Cherry Ln. (08) (GS)
Lowe, John C. ...1303 N. Arlington Ave. (19) (IM)
Lozow, David 5626 E. 16th St. (18) (ORS)
Lucas, Clarence A., Jr. ..2012 Boulevard Pl. (02) (GP)
Luginbill, Howard M. ..1303 N. Arlington (19) (P)
Lukemeyer, George T. ..I.U. Medical Center (02) (IM)
Lunsford, Thomas E. ..2020 W. 86th St. (60) (N)
Luros, J. Theodore ...1815 N. Capitol Ave. (02) (NS)
Lybrook, William B. 3004 E. 52nd St. (05) (EM)
Lynn, Gene E. 1815 N. Capitol Ave. (02) (P)

M

MacKenzie, Veronica ...3266 N. Meridian St. (08) (R)
MacWilliams, Robert H.
320 N. Meridian St. (04) (GS)
McAree, Francis E., Jr. 5521 Overbrook Ct. (26) (OBG)
McCallum, Donald C. ..1815 N. Capitol Ave. (02) (U)
McCarthy, Leo J. 532 Wellington Road (60) (PATH)
McClain, Edwin S. ..8402 Harcourt Rd. (60) (OBG)
McCord, George Elliott ..5506 E. 16th St. (18) (OPH)
McCormick, Charles O., Jr. ..5506 E. 16th St. (18) (OBG)
McDaniel, Edwin C. ..1815 N. Capitol Ave. (02) (U)
McDougal, Bud H. 8840 Shagbark Rd. (60) (GS)
McDougal, Robert A. ..3202 N. Meridian St. (08) (CLP)
McElroy, James T. 8402 Harcourt Rd. (60) (IM)
McGarvey, William K.
8402 Harcourt Rd. (60) (OTO)
McIntyre, James M. ..1815 N. Capitol Ave. (02) (CRS)
McKinley, A. David .I.U. Medical Center (02) (CD)
McLaren, Daniel E. 6000 E. 46th St. (26) (FP)
McNutt, Cyrus C. 8639 Lancaster Rd. (60) (AN)
McQuiston, Ralph J. ..6120 Lawrence Dr. (26) (OTO)
McQuiston, Robert D. ..7809 Landing Dr. (40) (OTO)
Mackey, John E. 940 W. 58th St. (08) (OBG)
Madden, Robert J. ..1420 N. Audubon Rd. (19) (AN)
Madtson, A. Ricks ..1815 N. Capitol Ave., #307 (02) (GS)
Maglinte, Dean D. 1433 Brewster Rd. (60) (R)
Malachowski, Robert M.
6314 N. Rucker Rd. (20) (PD)
Malik, Muhammadiqbal
I.U. Medical Center (02) (PATH)
Mammen, Harold W., 340 White River Pkwy. W. Dr. S. (06) (OM)
Mandelbaum, Isidore ..I.U. Medical Center (02) (TS)
Manders, Karl L. ...5506 E. 16th St. (18) (NS)
Manion, Marlow W. (S)
5132 N. New Jersey St. (05) (OO)

Mann, Mortimer ..3266 N. Meridian St. (08) (OPH)
Manning, K. Randolph 202 E. 75th St. (40) (ORS)
Manzie, Michael W. ...9040 Ashworth Ct. (60) (ABS)
Marhenke, Jon D. V.A. Hospital (P) (02)
Marks, John S., Jr. ...5506 E. 16th St. (18) (NS)
Marsh, Carl M. 101 N. Shortridge Rd. (19) (GP)
Martin, Freeman ...3901 N. Meridian St. (08) (GP)
Martin, Loren H. ..2626 W. Washington St. (22) (FP)
Martz, Carl D. 8402 Harcourt Rd. (60) (ORS)
Masbaum, Ned P. 1010 E. 86th (40) (P)
Masters, John M. (S)
620 Board of Trade Bldg. (04) (OPH)
Matthew, W. Burleigh
522 Board of Trade Bldg., 143 N. Meridian St. (04) (OPH)
Matthews, Bernard J. (S) ..966 N. Graham Ave. (19) (OO)
Matthews, William M. ..I.U. Medical Center (02) (ANES)
Maxam, B. T. 3524 N. Meirdian St. (08) (GE)
Maxson, Roy V. ...5350 E. 38th St. (18) (ANES)
Meade, Donna J. 5699 E. 71st (20) (IM)
Mealey, John, Jr. I.U. Medical Center (02) (NS)
Megenhardt, Dennis S. ..3266 N. Meridian St. (08) (GS)
Melin, John R. 1633 N. Capitol Ave. (02) (OBG)
Mentendiek, Mary Ann ...5699 E. 71st St. (20) (IM)
Mercho, Jean P. 1213 N. Arlington Ave. (19) (GS)
Mericle, Earl W. (S) ..1633 N. Capitol Ave. (02) (P)
Merritt, A. Donald ..I.U. Medical Center (02) (GER)
Mershon, Jack B. 3855 E. 10th St. (01) (PATH)
Mertz, John H. O. ...1711 N. Capitol Ave. (02) (U)
Michael, Isaac E. ..2020 W. 86th St. (60) (IM)
Middleton, Harvey N. (S) ..1828 N. Illinois St. (02) (IM)
Mikulaschek, Walter M.
307 E. McCarty St. (25) (RHU)
Miller, Frank H. ...5506 E. 16th St. (18) (OPH)
Miller, Jerry A. ..3266 N. Meridian St. (08) (ANES)
Miller, Jerry R. ..I.U. Medical Center (02) (ANES)
Miller, John D. Marion Co. General Hospital (02) (PUD)
Miller, L. Hoyt 6000 E. 46th St. (26) (FP)
Miller, Roscoe E. I.U. Medical Center (02) (DR)
Moak, Glenn D. 4339 Royal Pine Blvd. (50) (R)
Moe, John F. 3500 Lafayette Rd. (22) (GP)
Monn, Larry N. 5626 E. 16th St. (18) (GS)
Moore, Donald F. 1315 W. 10th St. (07) (P)
Moore, Harold T. ..1815 N. Capitol Ave. (02) (ANES)
Moore, Thomas S. 8801 N. Meridian St. (60) (PS)
Moores, William B. 2205 Durham (20 (D)
Moosey, Neale A. 1213 N. Arlington (19) (U)
Moran, Thomas E. ..7150 South Madison Ave. (27) (GP)
Morgan, Margaret E. ...4144 N. Penn. (05) (P)
Morgan, Robert J. 8034 Cheswick Dr. (19) (OBG)
Moriarty, John R. ...5602 Madison Ave. (27) (GP)
Morrison, Lewis E. I.U. Medical Center (02) (PS)
Morton, Joseph L. 3272 W. 42nd St. (08) (TR)
Morton, Philip M. 4475 Sylvan Rd. (08) (P)
Morton, Walter P. (S)
Indiana Natl. Bank Trust Dept. (05) (U)
Mosbaugh, Phillip G. 2020 W. 86th St. (60) (U)
Moss, Bobby L. 5316 E. 16th St. (18) (GP)
Moss, Harlan B. ...1640 N. Ritter Ave. (18) (GS)
Moss, Herschel C. 1564 N. Downey (19) (GS)
Mothersill, Mark H. (S) ..3650 College Ave. (05) (A)
Mouser, Robert W. ...6201 Park Ave. (20) (GP)
Muller, James B. 3233 N. Meridian St. (08) (IM)
Muller, Lullus P. ..5675 Washington Blvd. (20) (GS)
Muller, Paul F. St. Vincent Hosp. (60) (OBG)
Muller, Victor H. 2859 N. Meridian St. (08) (PTH)
Mullinix F. Michael ..1303 N. Arlington (19) (US)
Murray, Raymond H. ..2252 Bluegrass Dr. (08) (IM)
Myers, Charles W. (S)
3350 Salt Lake Rd. (24) (OS)

N

Nagan, Robert F. 555 Somerset Dr. (60) (GS)
Nasser, William K. ..5420 Grandview Dr. (08) (CD)
Nation, Robert D. ...6332 Guilford Ave. (20) (GP)
Navarro, Casimiro P. 1725 E. 56th St. (20) (0S)
Nay, Richard M. ..3524 N. Meridian St. (08) (IM)
Need, David J. 7150 Madison Ave. (27) (PD)
Need, Louis T. 3627 Bluff Rd. (17) (GP)
Need, Richard L. ...4949 Carson Ave. (27) (IM)
Nester, Henry G. (S) 5324 N. Penn (20) (PH)
Newman, Daniel M. ...1711 N. Capitol Ave. (02) (U)
Ng, Anastacio C. ...8927 Spicewood Rd. (60) (R)
Nicholas, Dennis J. ...5300 Farhill Rd. (26) (ANES)
Nie, Louis W. 3231 N. Meridian St. (08) (P)
Nohl, John M. 457 N. Emerson Ave. (19) (GP)
Nolan, Robert B. P.O. Box 68511 (68) (OS)
Nolin, Richard T. ..10455 N. College Ave. (80) (GP)
Nordschow, Carleton D.
I.U. Medical Center (02) (CLP)
Norman, William H. ..115 N. Pennsylvania St., #1252 (04) (ORS)
Norris, Max S. 3266 N. Meridian St. (08) (IM)
Nourse, Myron H. ...1711 N. Capitol Ave. (02) (U)
Nugent, Edwin J. (S)
6840 N. Delaware St. (20) (OM)

O

O'Brian, Earl J. 3500 Lafayette Rd. (22) (FP)
Ochsner, Harold C. (S) .5850 Sunset Lane (60) (R)
Offutt, Andrew C. ...750 N. Campbell Ave. (19 (PH)
Oei, Tjien Oen 4875 Dearborn St. (05) (PTH)
Olvey, Ottis N. 420 W. Kessler Blvd. (08) (IM)
Otten, Claude F. ..5222 Washington Blvd. (20) (OO)
Overley, Ross A. 1815 N. Capitol Ave. (02) (P)
Overley, Toner M., Jr. ..8333 N. Illinois St. (60) (P)
Owen, John E. (S) 4429 N. Illinois (08) (OO)
Owens, Tracy C. (S) ..2211 A. Rome Dr. (08) (P)

P

Page, Oliver W., Jr. ...3151 N. Illinois St. (08) (GS)
Palmer, Robert M. 2020 W. 86th St. (60) (US)
Palmer, Robert W. 5626 E. 16th St. (18) (IM)
Panszi, Jose G. 960 Locke St. (02) (N)
Pantzer, John G., Jr. 100 Gregg Rd. (60) (P)

Park, Hee-Myung 3102 Lehigh Court (68) (NM)
Parker, George F., Jr. 1500 N. Ritter Ave. (19) (PDA)
Parker, John F. 5165 E. Pleasant Run Pkwy (19 (GP)
Parker, Portia (S)....2226 W. Michigan St. (22) (US)
Parks, Herbert E. ..5533 Overbrook Circle (19) (R)
Pauszek, Robert B. ..6815 Creekside Ln. (20) (PD)
Paynter, William T. ..1330 W. Michigan St. (06) (P)
Paz, Juan A. ...6049 E. Washington St. (19) (GP)
Pearce, Robert M. 5430 E. 21st St. (18) (CHP)
Peck, Franklin B., Jr. 8181 Lincoln Blvd. (40) (IM)
Peirce, James D. ...5027 Washington Blvd. (05) (OM)
Perrin, Nell Jean 6269 Washington Blvd (20 (PD)
Petranoff, Theodore V. (S) ..2814 Questend, S. Drive (22) (OO)
Pfaff, Dudley A. (S) ..3602 Central Ave., Apt. A-3, (05) (OO)
Pickett, Robert D. ...3524 N. Meridian St. (08) (IM)
Pile, Stafford W., Jr. ..8109 Brownwood Ct. (50) (U)
Pittman, John N. ...1815 N. Capitol Ave. (02) (CD)
Pontius, Edwin E. ..Methodist Hospital (02) (PATH)
Popplewell, Arvine G. 4718 Lynton Ct. (54) (PUD)
Powell, Richard C. ..5359 Hedgerow Dr. (26) (END)
Pratt, George B. III ..9084 Dewberry Ct. (60) (R)
Price, David W. 8330 Naab Rd. (60) (GS)
Price, Francis W. 550 E. Edgewood Ave. (27) (GP)
Price, James O. 6433 Park Central Dr. W. (GS) (60)
Pryor, Richard C. ...6111 College Ave. (20) (GP)

Q

Qazi, Haroon M. 1944 N. Capitol Ave. (02) (PS)
Quigley, George J. .7510 N. Audubon Rd. (50) (OPH)
Quigley, Joseph W. 6332 Guilford (20) (GP)

R

Raber, Robert M. ..3266 N. Meridian St. (08) (PS)
Rademacher, Wade 6054 Garver Rd. (08) (ORS)
Ramage, Walter F. ..5440 Shelbyville Rd. (27) (GP)
Ramsey, Frank B. (S) ...3266 N. Meridian St. #705 (08) (GS)
Randolph, Jos. Cates ...2900 Galahad Dr. (08) (ORS)
Rapp, George F. 8402 Harcourt Rd. (60) (ORS)
Rawls, George H. ...3151 N. Illinois St. (08) (GS)
Ray, Carl S. 600 N. Sherman Dr. (01) (OM)
Recinto, Antonio R. ..1949 E. 11th St. (02) (CHP)
Reeck, Claude C. Jr. 2018 Egret Court Apt E (60) (ORS)
Reeck, Mary Jane 8915 Spicewood Court (60) (CD)
Reed, Robert G. ..1303 N. Arlington Ave. (19) (IM)
Rees, Russel C. (S) 6114 E. Washington St. (19) (GP)
Reid, Charles A. 2445 Shelby St. (03) (GP)
Reitz, Lawrence A. ..5250 Roland Dr. (08) (GP)
Rice, Raymond D. ...2020 W. 86th St. (60) (OBG)
Rice, Raymond M. (S) ..7799 E. Holliday Dr. (60) (OO)
Rich, Richard B. 1810 E. 62nd St. (20) (OPH)
Richter, Arthur B. (S) 8872 Westfield Blvd. (40) (OO)
Riner, Jack K. 5740 Ridge Rd. (26) (GS)
Ritchey, James O. 43 W. 43rd St. (08) (IM)
Ritter, Merrill A. ...1815 N. Capitol Ave. (02) (ORS)
Ritter, Wayne L. ..115 N. Penn. St. #1156B (04) (IM)
Rivera-Correa, Hector P. 8911 Spicewood Ct. (60) (PTH)
Robb, John A. ...5151 N. Pennsylvania (05) (R)
Roberts, Warren C. 2525 Shadeland Ave. (19) (OM)
Robinson, Earle U. 3351 N. Meridian #200 (08) (OBG)
Robinson, Robert J. 534 Turtle Crk. N. Dr., (27) (GP)
Rocklin, Isodore 212 E. 71st St. (20) (IM)
Roesch, Ryland P. ..5439 Shorewood Dr. (20) (AN)
Rogers, Donald Lee ..3246 N. Meridian St. (08) (PD)
Rogge, James D. ...I.U. Medical Center (02) (GE)
Rohn, Robert J. ...I.U. Medical Center (02) (HEM)
Romberger, Floyd T., Jr. ..3266 N. Meridian St. (08) (OS)
Rosenak, Bernard D. 1815 N. Capitol Ave. (02) (GE)
Rosenbaum, Irving 401 E. 34th St. (05) (PD)
Rosenberg, Gabriel J. ..Methodist Hospital (02) (PD)
Ross, Alexander T. ...I.U. Medical Center (02) (N)
Ross, Edward ...1935 N. Capitol Ave. (02) (CD)
Roth, Bertram S. ..6434 N. College Ave. (20) (PD)
Roushdi, Hussein A. ...1213 N. Arlington (19) (GS)
Rowe, George A. ...5507 Hedgerow Dr. (26) (PDS)
Rubush, John L. ..1815 N. Capitol Ave. (02) (TS)
Ruddell, Keith R. ...1201 Golden Hill Dr. (08) (GS)
Rudesill, Cecil L. (S) ..3941 N. Delaware St. (05) (OO)
Rudesill, Robert L. 3266 N. Meridian #506 (08) (IM)
Rushmore, Charles H. ..240 N. Meridian St. (06) (OM)
Rusk, Barton J. ..8402 Harcourt Rd. (60) (PUD)
Russell, John R. ..1815 N. Capitol Ave. (02) (NS)
Rust, Roland B. Jr. ..5626 E. 16th #21 (18) (IM)
Ruth, Martin L. (S) 7 N. Colorado (01) (OO)
Ryan, Glen V. 3500 Lafayette Rd. (22) (GP)

S

Sabens, James A. 8375 Pendleton Pike (26) (FP)
Sagalowsky, Howard S. 1815 N. Capitol Ave. (02) (ANES)
Sanders, Fred 2702 Westlane (68) (GP)
Sanders, Harry M. ..Community Hospital (19) (GP)
Saperstein, Morris ..5300 N. Meridian (05) (CHP)

Sato, Takuya 4475 Clover Lake Dr. (08) (CHP)
Schaffer, Edward V. ..5626 E. 16th #13 (18) (ORS)
Schechter, John S. ..3266 N. Meridian St. (08) (IM)
Scheidler, James A. .3421 Breckenridge Dr. (08) (IM)
Scheier, Emil W. (S) ..9220 Vandergriff Rd. (39) (OO)
Schlaegel, Theodore F., Jr. ..I.U. Medical Center (02) (OPH)
Schlegel, Donald M. ..1815 N. Capitol Ave. (02) (GS)
Schmalhausen, Ansel W. ..6227 Hillcrest Ln. (20) (GS)
Schmidt, Paul E. ..3266 N. Meridian St. (08) (CD)
Schneider, Carl J. ..1008 N. Beville Ave. (01) (GP)
Schneider, Paul A. ..5626 E. 16th St. #15 (18) (ORS)
Schnute, Richard B. ..I.U. Medical Center (02) (END)
Schroeder, James E. ..3524 N. Meridian (08) (HEM)
Schuchman, Gabriel ..3620 N. Meridian St. (08) (GP)
Schultheis, Richard Lee 2951 E. 38th St. (18) (GPM)
Schumacher, Richard R. ..3524 N. Meridian St. (08) (CD)
Schuster, Dwight W. ..6510 N. Chester Ave. (20) (P)
Scofield, John B. 3120 N. Meridian St. (08) (P)
Scott, George E. ..4110 Roland Rd. (08) (ANES)
Scott, I. Winfield 6106 Riverview Dr. (08) (US)
Scott, John R. 6214 Broadway (20) (PD)
Scott, Robert O. 5565 Brookville Rd. (19) (OM)
Scott, Samuel L. 7099 Broadway (20) (OO)
Searight, John L. ..1303 N. Arlington Ave. (19) (GP)
Sedam, Herbert L. ...4548 College Ave. (05) (GP)
Sellmer, George W. ...1221 E. 86th St. (40) (GP)
Ser Vaas, Cory 1100 Waterway Blvd. (02) (OO)
Sexson, Hiram T. ...3201 N. Meridian St. (08) (GP)
Shafer, Marion R. .115 N. Penn. St. #1552 (04) (IM)
Shanafelt, Donald K. ..5471 E. 77th St. (50) (OBG)
Shapiro, Burton J. ..3620 N. Meridian St. (08) (OPH)
Sheehan, Francis G. ..8436 Browning Dr. (27) (EM)
Shelley, Richard J. ...5470 E. 16th St. (18) (OBG)
Sherster, Harry 7636 W. St. Clair St. (24) (GP)
Shipley, Edward 911 East 86th St. (40) (CHP)
Shumacker, Harris B., Jr.
8402 Harcourt Rd. (60) (CD)
Siderys, Harry ...1815 N. Capitol Ave. (02) (TS)
Sigmond, Harvey W.
8402 Harcourt Rd. (60) (ORS)
Silva, Carlos A. 4949 Carson Ave. (27) (GS)
Silbert, Robert Kim ...3351 N. Meridian St. (08) (PM)
Silver, Richard A. ..1114 Fredrick Dr. S. (60) (R)
Simmons, James E. ..I.U. Medical Center (02) (CHP)
Simms, James Leon ..3140 N. Illinois St. (08) (GP)
Sims, J. Lawrence ...3723 N. Gale St. (18) (OTO)
Sinkovic, Gerald M. ..25 Beachway Dr. (24) (US)
Slichenmyer, Jack E. ..3500 Lafayette Rd. (22) (OTO)
Sluss, David H. (S) 3657 Washington Blvd. (05) (GS)
Small, Iver F. Larue Carter Hosp. (02) (P)
Smith, David E. 2118 Whitewood Ct. (60) (PTH)
Smith, David L. (S) ..5300 W. 96th St. (68) (OBG)
Smith, James W. I.U. Medical Center (02) (CLP)
Smith, Jerrold R. 5430 E. 21st St. (18) (PD)
Smith, John A. I.U. Medical Center (02) (R)
Smith, Ray C., Jr. 1303 N. Arlington (19) (GS)
Smith, Richard N.
Marion Co. Gen. Hosp. (02) (GS)
Smith, Roy Lee (S) ..407 N. Pennsylvania (04) (U)
Snell, Malcolm S. ...I.U. Medical Center (02) (NS)
Snodgrass, Robert E. ..532 Turtle Creek, N. Dr. (27) (P)
Sobat, William S. .. 1815 N. Capitol #304 (02) (GS)
Soper, Hunter A. 3524 N. Meridian St. (08) (IM)
Sotolongo, Eladio 8807 Staghorn Rd. (60) (AN)
Soule, Mary Alma 5214 Brief Run (26) (OBG)
Souter, Martha C. (S) 5764 Oakland Terr. Apt. C (20) (PD)
Sovine, Joe W. (S) 8182 N. Illinois St. (06) (IM)
Spahr, John F., Jr. 3014 Green Hills Lane (22) (OBG)
Spalding, Joseph J. ...7290 N. Meridian St. (60) (OPH)
Sparks, Alan L. (S)
7456 Lions Head Dr. (60) (OO)
Spears, John M. 7046 Madison Ave. (27) (PD)
Spitzberg, Daniel H. 10455 N. College Ave. (80) (OPH)
Spolyar, Louis W. Indiana State Board of Health, 1330 W. Michigan St. (02) (PH)
Spurgeon, Charles H. 2500 W. 25th St. (08) (N)
Sputh, Carl B. 5506 E. 16th St. (18) (OTO)
Stadler, Harold E. ..41 N. Shortridge Rd. (19) (PD)
Stansbury, William E. ...5601 E. 21st St. (18) (GP)
Steger, Byron L. ...3232 N. Meridian St. (08) (OS)
Steichen, James B. ...8402 Harcourt Rd. (60) (ORS)
Steinmetz, Edward F. ..8402 Harcourt Rd. (60) (CD)
Stephens, Donald E. 1440 E. 46th St. (05) (GP)
Stephens, Kuhrman H. Circle Tower Bldg. (04) (OPH)
Stevens, Sydney L. ..1802 N. Illinois St. (02) (OTO)
Stewart, Paul N. 740 E. 52nd St. (05) (CHP)
Stilwell, Barbara M. ..5140 N. Meridian St. (08) (US)
Stoelting, Vergil K. ...4706 Laurel Cr. (26) (AN)
Stogsdill, Willis W. 8950 Shagbark Rd. (60) (AN)
Stone, Alvin T. 6202 College Ave. (20) (GP)
Stone, William M. .7530 Cape Cod Circle (50) (OBG)
Storer, William R. ..3266 N. Meridian St. (08) (CD)
Storey, D. Edmund 1010 E. 86th St. (40) (IM)
Stouder, Stephen R. ..8402 Harcourt Rd. (60) (GE)
Strang, William C. ...1815 N. Capitol Ave. (02) (P)
Strange, Paul S. ...8202 S. Madison Ave. (27) (GS)
Streeter, Ralph T. ...3131 E. 38th St. (18) (OBG)
Strickland, James W. ..8402 Harcourt Rd. (60) (ORS)
Strickland, Neil R. ...5506 E. 16th St. (18) (OBG)
Stucky, Elsworth K. ...1349 Madison Ave. (25) (GP)
Stump, Loyd K. 5626 E. 16th St. (18) (IM)
Stump, Thomas A. ..4486 S. Meridian St. (17) (PTH)
Suelzer, John G. 3266 N. Meridian St. (08) (ORS)
Sullivan, James J. ..7824 Shady Hills Dr. (78) (PTH)
Summerlin, Jack D. ..3351 N. Meridian St. (08) (OTO)
Sumrall, Arthur J. 3231 N. Meridian St. (08) (D)
Sutton, William E. ..5807 Brockton Dr. (20) (OO)

Swan, John R. 3233 N. Meridian St. (08) (OTO)
Symmes, Alfred T. 1010 E. 86th St. (40) (IM)
Szynal, John S. 2811 E. 46th St. (05) (GS)

T

Talbott, Dan E. (S)
6470 N. Michigan Rd. (68) (OO)
Taube, Jack I. 803 C of C Bldg. (04) (OPH)
Tavel, Morton E. ..1139 Frederick S. Dr. (60) (CD)
Taylor, Clifford C. (S) .3720 Briarwood Dr. E. (40) (R)
Taylor, Frederic W. (S)
3524 N. Meridian St. (08) (GS)
Taylor, Harold F. ..3232 N. Meridian St. (08) (NM)
Taylor, Willis D. 710 E. 73rd St. (40) (GP)
Teixler, Victor A. ...9100 Meridian Sq. (40) (OPH)
Test, Charles E. 115 N. Penn St. #1559 (04) (IM)
Teter, George V. 1221 E. 86th St. (40) (PD)
Tether, Joseph E. 3266 N. Meridian (08) (IM)
Thatcher, Hugh K., Jr. 1010 E. 86th St. #24 (40) (FP)
Thomas, Charles R. ..9009 E. Southport Rd. (59) (OBG)
Thomas, E. Paul 3450 N. Illinois St. (08) (A)
Thomas, Fred A. (S) 5827 Broadway (20) (OO)
Thomas, Lowell I. ..1815 N. Capitol Ave. (02) (ORS)
Thomas, Michael H. .7246 Sylvan Ridge Rd. (40) (U)
Thomas, Morris E. ..1802 N. Illinois St. (02) (IM)
Thompson, Joseph F.
I.U. Medical Center (02) (OBG)
Thompson, Paul D.
625 Board of Trade Bldg. (04) (OPH)
Thompson, Wayne H. ...5470 E. 16th St. (18) (GS)
Thornton, Harold C. (S)
301 E. 38th St. (05) (PATH)
Throop, Frank B.
3266 N. Meridian St. (08) (ANES)
Thurston, John B. 5836 Gateway Dr. (54) (GS)
Tindall, George T. ..6555 Chester E. Dr. (20) (GP)
Tinsley, Walter B., Jr. ..8432 W. 85th St. (78) (AN)
Tofaute, John L. .3266 N. Meridian #601 (08) (ORS)
Tondra, John M. 8330 Naab Rd. (60) (PS)
Tord, Jose N. 3266 N. Meridian St. (08) (GE)
Torrella, Jose A. 5324 W. 16th St. (24) (GP)
Toumey, Fred L. 4401 Broadway (05) (OTO)
Townley, Normand T.
3266 N. Meridian St. (08) (ANES)
Trainer, Thomas F. ..2020 W. 86th St. (60) (ORS)
Trudgen, Spencer F. .2020 W. 86th St. (60) (OBG)
Trusler, H. Marshall
115 N. Penn. St. #1144 (04) (PS)
Tuchman, Joseph H. 2040 E. 46th St. (05) (GP)
Tumuluri, V. S. 812 Chamber of Commerce Bldg. (04) (GS)
Tushan, Fayez S. 1213 N. Arlington Ave. (19) (IM)
Twenty, John Douglas ..1440 E. 46th St. (05) (GP)
Tyner, Harlan H. ..3663 N. Delaware (05) (OPH)

U-V

Ullom, Ralph B. ...2020 W. 86th St. #201 (60) (IM)
Van Campen, Warren M.
8402 Harcourt Rd. #701 (60) (AN)
Vandivier, James M. ..8402 Harcourt Rd. (60) (IM)
Van Dorn, Myron J. 2165 Weslynn Dr. (08) (ANES)
Van Fleet, Josephine
1330 W. Michigan St. (06) (PATH)
Van Hove, Eugene D. ..7816 Windcombe Blvd. (40) (NM)
Van Meter, C. Powell 5470 E. 16th St. (18) (FP)
Van Tassel, Charles J. ..8402 Harcourt Rd. (60) (U)
Van Vactor, Helen D. 1815 N. Capitol Ave. (02) (IM)
Vix, Vernon A. I.U. Medical Center (02) (R)
Voelkel, Paul B. ...3120 N. Meridian St. (08) (R)
Vollrath, Victor J. 5202 N. Illinois St. (08) (GP)
Von Der Haar, Gerard
1640 N. Ritter Ave. (18) (GP)
Vore, Robert E. .5350 Marmon Circle (26) (ANES)

W

Wagner, Virginia M. 510 Country Club Rd. (34) (PD)
Wahle, William M. ..1710 Brewster Rd. (60) (PTH)
Waife, S. O. P.O. Box 618 (06) (OS)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19) (ORS)
Waldo, J. Thayer (S) 420 W. 64th St. (60) (OO)
Walthall, Gerald C. 528 North Creek Dr. #F-3 (27) (OTO)
Walther, Joseph E. ...4266 N. Pennsylvania St. (05) (IM)
Walton, William M. 1802 N. Illinois St. (02) (U)
Warneke, Charles H.
1815 N. Capitol Ave. (02) (ORS)
Warriner, James B. ..1012 N. Emerson Ave. (19) (IM)
Warvel, John H., Jr. 1075 W. 91st St. (60) (IM)
Washington, Wilbert 2142 N. Capitol (02) (OPH)
Waters, George E. 8402 Harcourt Rd. (60) (OPH)
Watson, Stephen C. St. Vincent's Hosp. (60) (EM)
Weaver, Dorothy E. 3839 E. Kessler Blvd. (20) (OM)
Wellman, Henry N. Long Hosp. Rm. 167B (02) (NM)
West, Joseph L. (S) ..6714 Rockville Rd. (24) (GP)
Westfall, B. Kemper ..1251 W. 86th St. (60) (OM)
Wheeler, David E. Community Hospital (19) (R)
Wheeler, Edward C. 3500 Lafayette Rd. (22) (R)
White, Charles F. ...5806 Hoover Rd. (08) (PM)
White, Donald J. 3524 N. Meridian St. (08) (A)
White, Douglas H. ..3524 N. Meridian St. (08) (IM)
White, John B., Jr. ..5626 E. 16th St. #13 (18) (ORS)
Widdifield, G. E. ..532 Turtle Creek, N. Dr. (27) (GP)
Williams, Harold W. 6000 E. 46th St. (26) (GP)
Williams, Hugh L. 5626 E. 16th St. #15 (18) (ORS)
Williams, James ..711 W. Kessler Blvd. (08) (U)
Williams, Paul D. (S) ..35 Meridian Lane (20) (P)
Wilson, Fred Monroe
I.U. Medical Center (02) (OPH)
Winters, Peter Lee 8402 Harcourt Rd. (60) (D)
Wirey, Harold R. ..7377 S. Madison Ave. (27) (GP)
Wise, William R. 2372 Lafayette Rd. (22) (GP)
Woerner, Jean 8402 Harcourt Rd. (60) (PUD)
Woerner, Thomas E. ..8402 Harcourt Rd. #705 (60) (CD)
Wolf, Harry C. 1265 W. 86th St. (60) (GP)
Wolfram, Don J. ..5716 N. Pennsylvania St. (20) (IM)
Wood, Donald E. ...6467 W. Holiday Dr. (60) (IM)
Woodard, Abram S., Jr. ..665 E. 61st St. (20) (GP)
Woolling, Kenneth R. 1815 N. Capitol Ave. (02) (CD)
Worley, Joseph P. .5839 E. Washington St. (19) (GP)
Worth, Robert M. ..1100 W. Michigan St. (02) (NS)

Wrege, Malcolm L. ..5411 Shorewood Dr. (08) (OBG)
Wrenn, Robert E. ...3910 Centennial (08) (OBG)
Wright, J. William, Jr. ..5506 E. 16th St. (18) (OTO)
Wright, J. William III 7763 Springmill Rd. (08) (OTO)
Wunsch, Charles M. 1213 N. Arlington (19) (CD)
Wurster, Richard E. 5506 E. 16th St. (18) (U)
Wyttenbach, John E. (S) 5808 Eastview Ct. (50) (OM)

Y

Yacko, Michael L. ..5808 Eastview Ct. (50) (OM)
Yaw, Peter B. ...Marion Co. Gen. Hosp. (04) (GS)
Yingling, Robert J. ..7601 Silverpine Ct. (50) (R)
Yolles, Elliott A. 50 E. 91st St. (40) (OPH)
Yonkman, Gerhard F. 6525 E. 82nd St. (50) (OS)
Young, Eusebio C. 5506 E. 16th St. (18) (IM)
Young, John E. ..5626 E. 16th St. #15 (18) (ORS)
Young, John M. 4535 Marcy Lane (05) (OO)
Young, John T. 3151 N. Illinois St. (08) (PD)
Yune, Heun Y. ...I.U. Medical Center (02) (DR)

Z

Zell, Evertson H. ...320 N. Meridian St. (04) (GS)
Zeman, Ruth E. 3266 N. Meridian St. (08) (P)
Zerfas, Phyllis K. 11702 Maze Rd. (59) (OO)
Zimmer, John F. 1221 E. 86th St. (40) (PD)

OUT OF STATE

Brown, Archie E. 5575 Gulf Blvd., St. Petersburg Beach, Fla. 33706 (OO)
Bruetsch, Walter L. (S) 2663 Tallant Rd., Santa Barbara, Calif. 93105 (OO)
Daniel, John C. (S) 531-B Via Estrada, Laguna Hills, Calif. 92653 (OO)
Dettmer, Robert W.
Ireland Army Hosp., Fort Knox, Ky. 40121 (NEP)
Fleischl, Herbert ..Box 192, Sanibel, Fla. 33957 (P)
Genna, Mary M. 1448 Crestline Dr., Santa Barbara, Calif. 93105 (OO)
Hazelrigg, Donald E.
5942 Benning-W. Berry, Houston, Texas 77035 (D) (Resident)
Hunteman, Roy K. R.R. 1, Box 450A, Johns Island, S.C. 29455 (FP)
Hurt, LaVerne B. (S) 3102 Palm Ave., Delray Beach, Fla. 33444 (OO)
Kim, Young D. (S)
1539 N.E. 143rd St., Seattle, Wash. 98125 (OO)
Kraft, Bennett (S) 1436 John Ringling Pkwy., Sarasota, Fla. 33577 (A)
Lawler, George F. (S) 1303 Dartmouth Dr., Bradenton, Fla. 33507 (GP)
Moser, Rollin H. (S)
105 1st St., Bellaire Beach, Fla. 33540 (OO)
Myers, Roy V. (S) 7710 Beta Circle, West Palm Beach, Fla. 33406 (OO)
Pearson, Lyman R. (S)
632 Edgewater Dr., #431, Dunedin, Fla. 33528 (OO)
Peck, Franklin B. (S) 5858 W. Lazy S, Tucson, Ariz. 85713 (OO)
Proos, John M. Air Force Hosp. Dept. Fam. Prac., Homestead, Fla. 33030 (FP)
Reed, Philip B.
Box 14132, St. Petersburg, Fla. 33707 (P)
Rigg, John F. (S) 131 Gulfstream Rd. N. Palm Beach, Fla. 33403 (OO)
Rogers, Thomas P. (S) 6142 La Pintura Dr., La Jolla, Calif. 92037 (OO)
Rust, Byron K. (S) ...1325 Hidden Harbor Way, Sarasota, Fla. 33581 (OO)
Siebe, Jack C. ..958 Governor's Ct., Mobile, Ala. 36609 (PHS)
Smith, Victoria T. 600 Virginia Ave., Apt. C, Oakmont, Pa. 15139 (PM)
Snider, Byron (S) 1030 NE Hefley St., Grants Pass, Ore. 97526 (OS)
Stone, David F. 245 S.E. Stebbins Terrace, Punta Gorde, Fla. 33950 (OO)
Warner, Theodore M. II
David Grant Med. Center, Travis AFB, Fairfield, Cal. 94535 (PTH)

MARSHALL COUNTY

Coursey, James O., Jr. 530 N. Michigan, Argos 46501 (FP)
Hampton, James N. Argos 46501 (GP)
Kovach, Drew A. 530 N. Michigan, Argos 46501 (FP)
Connell, Vactor O. Bourbon 46504 (GP)
Kemp, W. Alfred 1006 N. Main St., Bourbon 46504 (P)

BREMEN
(*Zip Code* 46506)

Bowen, Otis R. 304 N. Center St. (GP)
Governor's Residence, Indianapolis 46204
Burket, Cecil R. 424 W. South St. (GP)
Schreiner, John E. 201 E. Plymouth (GP)
Stine, Marshall E. 424 W. South St. (GP)

CULVER
(*Zip Code* 46511)

Deery, Michael F. 921 Lake Shore Dr. (GP)

Rosero, M. George Kewanna 46939 (GP)

PLYMOUTH
(*Zip Code* 46563)

DeJesus, Jose R., Jr. ...120 W. Washington St. (CD)
France, Lloyd C. 1223 N. Center St. (GS)
Guild, John K. 116 E. Washington St. (GP)
Holm, Byron M. 304 N. Walnut (US)
Kubley, James D. 304 N. Walnut St. (GP)
Peterson, Ronald L. ...116 E. Washington St. (FP)
Rimel, James F. 1223 N. Center St. (GS)
Robertson, James S. 304 N. Walnut St. (GP)
Swihart, John J. 882 Pine St., Winnetka, Ill. 60093 (PTH)

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Crates, Gordon C. Denver 46926 (GP)
Sixbey, Maurice D. Denver 46926 (GP)
Sennett, William K. (S) Macy 46951 (GP)

PERU
(*Zip Code* 46970)

Baluyut, Amando L. 29 S. Main (U)
DeLeon, Edilberto S. 29 E. Main St. (AN)
Farag, Rafik S. 18 W. Fifth St. (GS)
Ferrara, Donald W. (S) 18 W. Fifth St. (GS)
Ferrara, Samuel J. 18 W. Fifth St. (GS)
Guthrie, James U. 331 W. Third St. (GS)
Hill, Lloyd L. 302 N. Duke St. (GP)
Rendel, Harold E. 302 N. Duke St. (GP)
Reyes, Diego C. 15 S. Wabash St. (GP)
Snyder, Parker W. 302 N. Duke St. (GP)

Malouf, Stephen D. (S) P.O. Box 3111, Bloomington, Ill. 61701 (OS)

MONROE COUNTY
(See Owen-Monroe)

MONTGOMERY COUNTY

CRAWFORDSVILLE
(*Zip Code* 47933)

Alexander, Stephen J. P.O. Box 367 (OPH)
Bahler, Dean R. 1009 Sloan St. (OM)
Baird, M. Keith 215 N. Ward Ave. (FP)
Benjamin, Samson A. 7 Twin Oaks, R.R. 8 (OBG)
Byllesby, Joyce E. Box 111 (PATH)
Daugherty, Fred N. (S) 120 W. Pike St. (GP)
Dodds, Wemple (S) Culver Hospital (R)
Eggers, Richard R. 120 W. Pike St. (GP)
Foltz, Jack L. 913 S. Grant St. (OBG)
Haller, Thomas C. 38 DelMar Dr. (ABS)
Howland, Carl B. Box 506-Green Acres (GP)
Kirtley, James M. Box 506-Green Acres (OBG)
Ludwig, Paul E. 408 W. Market St. (OPH)
Millis, Samuel C. 312 Jones St. (FP)
Peacock, Norman F. 219 Ben Hur Bldg. (OTO)
Peralta, Jose 411 Tinsley Ave. (GS)
Shannon, Wesley E. 215 N. Ward St. (GP)
Stephens, James P. 215 Ward St. (GP)
Viray, Victoriano G. 411 Tinsley Ave. (GS)
Warbington, Fred P. 215 Ward Ave., (GP)

Blix, Fred M. 213 E. Main St., Ladoga 47954 (FP)
Kindell, Hurschell D. (S) New Richmond 47967 (GP)
Richards, Edgar E. (S) Russellville 46175 (GP)
Stamps, Thomas E. P.O. Box 237 Ladoga 47954 (IM)
Thompson, Claude N. Waynestown 47990 (GP)
Parker, Carl B. (S) Wingate 47994 (GP)

MORGAN COUNTY

MARTINSVILLE
(*Zip Code* 46151)

Alarcon, Arcadio M. 210 West Pike St. (IM)
Brubeck, Robert E. 1400 E. Columbus St. (GP)
Drake, Ellery T. 1995 Sunrise St. (GS)
Eisenberg, David A. 549 S. Jefferson St. (GP)
Gray, Leon (S) 171 E. Washington St. (IM)
Hardin, Stephen L. Lynn Rd., R.R. 3 (US)
Jones, William H. 1630 S. Ohio St. (GP)
Miller, Ray D. 546 N. Lincoln St. (GP)
Ostheimer, George ..Sunnyside Drive, Box 23 (GP)
Tuason, Leo B. Sunnyside Dr. (GS)
Turner, Maurice A. 315 N. Home Ave. (AN)
Van Wienen, John 60 W. Morgan (GP)
Winter, William P. 1390 E. Columbus (GP)

MOORESVILLE
(*Zip Code* 46158)

Comer, Kenneth E. R.R. 2, Box 444 (PH)
Kendrick, William M. 130 Indiana St. (U)

Steele, Lowell R. 2712 Buff Court Bloomington 47401 (CRS)
Wilson, Oliver R. Box 525, Morgantown 46160 (GP)
Miller, Robert J. Paragon 46166 (GP)

NEWTON COUNTY

Schoonveld, Arthur Brook 47922 (GP)
Parker, John C. Goodland 47948 (GP)
Kresler, Leon E. 101 N. Fourth St., Kentland 47951 (GP)
Guzman, Marcelino F. Morocco 47963 (GP)

NOBLE COUNTY

Bowman, Charles N. Albion 46701 (GS)
Chandler, James D..... 125 Baum St., Avilla 46710 (FP)
Fitzkee, William E. 120 W. Main, Albion 46701 (FP)
Sneary, Max E. Avilla 46710 (GP)

KENDALLVILLE
(*Zip Code* 46755)

Bryan, Robert E. 705 N. State St. (GP)
Hepner, Herman 705 N. State St. (GP)
Messer, Frank W. (S) 115 E. Rush St. (GP)
Murray, Roger C. P.O. Box 547 (GS)
Patel, Manu P. Country Club Hills, R.R. 3 (GS)
Ramsey, John E. ..US Hwy 6 W., P.O. Box 707 (FP)
Stallman, Carl F. 409 E. Wayne St. (GP)

LIGONIER
(*Zip Code* 46767)

Hooker, Donald J. 104 S. Main St. (GP)
Stone, Robert C. 405 S. Cavin St. (GP)

Greenlee, Joseph A., Jr. 3529 Brian Place, Carmel 46032 (GS)
Fipp, August L. (S) 5518-6 Old River Blvd., Fort Wayne 46815 (GP)
Pulskamp, Bertrand H. (S) ..Wolcottville 46795 (GP)

OHIO COUNTY
(See Dearborn-Ohio)

ORANGE COUNTY

Hagan, Marion L. French Lick 47432 (GP)

Hodgin, Phillip T. Orleans 47452 (FP)
Schoonfield, William E. (S) Orleans 47452 (GP)
Clark, Ivan A. Paoli 47454 (GS)
McCalla, Charles X. Paoli 47454 (FP)
Nofziger, Terry Lee R.R. 2 Paoli 47454 (FP)
Spears, John K. Paoli 47454 (GP)

OWEN-MONROE COUNTY

BLOOMINGTON
(*Zip Code* 47401)

Anderson, Wm. R. 421 W. First St. (OBG)
Baxter, Neal E. 306 E. Fifth St. (IM)
Bishop, Michael D. Bloomington Hospital (EM)
Bomba, Brad J. 515 Woodcrest Dr. (GP)
Booze, James H. 711 W. Second (ORS)
Borland, Raymond M. (S) ..R.R. 3, Box 51 (PH)
Byrne, David Allen 727 W. First St. (A)
Buckingham, Richard E. Box 415 (GP)
Campbell, William T. 615 W. First St. (AN)
Cofield, Donald D. 351 S. Lincoln St. (OPH)
Coons, Frederick W. 2801 N. Walnut St. (P)
Crane, David G. 615 N. Walnut St. (P)
Creek, Jean Arthur 1421 Sare Rd (IM)
Cron, William J. 725 W. First Street (D)
Dalton, Naomi L. 2307 E. Second St. (OS)
Ellis, Charles R. Bloomington Hospital (PATH)
Emery, Charles B., Jr. 711 W. Second (ORS)
Estes, Ambrose C. 400 E. Third St. (GS)
Farr, James C. 405 E. Fourth St. (IM)
Ferguson, James F. III P.O. Box 1149 (DR)
Fowler, R. Ross 104 N. Grant St. (GP)
Fugelso, Erling S. 207 Heritage Rd. (IM)
Ganji, Nasser 615 W. First St. (AN)
Geiger, Dillon D. 115 S. Lincoln St. (OTO)
Greenlee, James R. 4216 Sheffield Dr. (GYN)
Habbe, Timothy A. 711 West Second St. (U)
Haddawi, Rajih Y. 515 Woodcrest Drive (ORS)
Hammer, Jay W. 1323 E. First St. (R)
Hepner, Herman S. (S) Box 546 (OPH)
Holtzclaw, David Leslie 413 W. First (PD)
Holtzman, Paul W. 113 S. Lincoln St. (IM)
Jastremski, Chester 515 Woodcrest Drive (GP)
Johnloz, David K. 3434 Homestead Dr. (IM)
LaFollette, James W. 839 Auto Mall Rd. (FP)
Lewis, George N. 3937 Roll Ave (IM)
Ley, Glen D. 400 E. Third St. (IM)
Link, William C. 314 W. First St. (GP)
McClary, Charles W. 839 Auto Mall Rd. (FP)
McIntire, Clarence R. Box 1149 (R)
Manifold, Harold M. 1920 E. Third St. (GP)
Mather, Glenn B. Bloomington Hospital (NM)
Matthews, Leland R. 421 W. First St. (OBG)
Megremis, Theodore L. Box 1149 (R)
Middleton, Thomas O. Box 457 (PD)
Milan, Joseph F. 515 Woodcrest Drive (GS)
Miller, John M. 600 N. Jordan St. (OS)
Mitchell, James P. 615 W. First St. (AN)
Morford, Guy 2207 E. Maxwell Ln. (OO)
Owens, Walter L. 421 W. First (OBG)
Pizzo, Anthony Bloomington Hospital (PATH)
Poolitsan, George C. 407 N. Walnut St. (IM)
Pugh, William 115 S. Lincoln (OTO)
Ramsey, Hugh S. 619 E. First St. (GP)
Ratts, Larry D. 717 W. First St. (GP)
Ray, James A. 321 W. Second St. (GP)
Reimers, Roger A. P.O. Box 1149 (R)
Rezvan, Nader 615 W. First St. (ANES)
Rieger, I. Taylor 711 W. Second St. (U)
Rink, Lawrence D. 419 W. First St. (IM)
Robinson, Robert D. 619 W. First St. (CD)
Robison, Roger F. 619 W. First St. (ND)
Rollins, Thomas K. 114 E. Seventh St. (GP)
Ross, Ben R. (S) 314 E. Seventh st. (OS)
Schaffer, James J. 717 W. First St. (PD)
Schechter, John S. 413 W. First Ave (PD)
Schell, H. Richard 711 W. Second St. (OBG)
Schilling, Richard J. 711 W. Second St. (GS)
Seagle, William C. 111 E. Ninth St. (ORS)
Shahbahrami, Farrokh 619 W. First St. (GS)
Sharp, Thomas W. 3901 E. 3rd St. (GP)
Sibbitt, Joseph W. 115 S. Lincoln St. (OTO)
Smith, Herschel S. Box 667 (OPH)
Spencer, Beaufort A. 110 E. 10th St. (A)
Stangle, William J. Bloomington Hospital (R)
Surian, Michael A. 711 W. Second St. (U)
Taraba, Ralph W. 211 E. Martha St. (OS)
Thurston, Floyd E. 600 N. Jordan St. (GP)
Tinio, Wilfrido M. 2919 Ramble Rd. W. (AN)
Topolgus, James N. 403 N. Walnut St. (OBG)
Topolgus, James N., Jr. 403 N. Walnut St. (GS)
Walker, Robert M. P.O. Box 1149 (EM)
Way, James A. 2315 E. Third St. (OPH)
Wenzler, Paul J. 3901 E. Third St. (GP)
White, John P., Jr. 115 S. Lincoln St. (OTO)

Macatangay, Edelino L. Ellettsville 47429 (GP)
Bidney, Evelyn B.
5946 N. New Jersey St., Indianapolis 46220 (OO)

SPENCER
(*Zip Code* 47460)

Buck, Rodger L. 9 Crane Ave. (GP)
Kay, Oran E. (S) Main & Morgan Sts (OO)
Rose, Robert E. P.O. Box 271 (GP)

Brown, Marcel S.
R.R. 1, Haines City, Fla. 33844 (OO)

PARKE-VERMILLION COUNTIES

CLINTON
(*Zip Code* 47842)

Alexandrescu, Gheorghe R.R. 3 (DR)
Evans, Frederick J. 226 S. Main St. (GP)
Herzberg, Milton 222 Elm St. (GP)
Montecillo, Antolin M. 257 Walnut St. (GP)
Somerville, John W. R.R. 2 (EM)

Webb, Lawrence C. Dana 47847 (GP)
Britton, Welbon D. Montezuma 47862 (GP)

ROCKVILLE
(*Zip Code* 47872)

Bloomer, Richard S. 115 N. Market St. (GP)
Dowell, Emil H. (S) Parke Hotel Bldg. (GP)
Harstad, Casper (S) 216 W. High St. (GP)

Swaim, J. Franklin .P.O. Box 185, Anderson St. (GP)

Fell, Robert M. Rosedale 47874 (GP)
Kempf, Gerald F. (S)
3032 Sears Rd., Spring Valley, Ohio 45370 (IM)

PERRY COUNTY

Bush, Hargis R. (S) Cannelton 47520 (GP)
Gilbert, Robert G. Cannelton 47520 (DR)

TELL CITY
(*Zip Code* 47586)

Lohoff, Lewis C. Professional Bldg. (GP)
Neifert, Noel L. Professional Bldg. (GP)
Ress, Gene E. Professional Bldg. (GP)
Smith, Fred, Jr. 507 Main St. (GP)
Ward, Robert A. 507 Main St. (GP)

PIKE COUNTY

PETERSBURG
(*Zip Code* 47567)

Hall, Donald L. 7th & Poplar Sts. (FP)
Omstead, Milton 110 S. Sixth St. (GP)

PORTER COUNTY

Rabelo, John S. Box 96
Beverly Shores 46301 (AN)
Rockwell, Paul E. 111 Fifth St.,
Brookston 47923 (FP)

CHESTERTON
(*Zip Code* 46304)

Forchetti, John A. 1610 Cobblestone Ct (IM)
Griffin, Joseph P. 419 S. Jackson Blvd. (A)
Hall, Thomas C. 621 Broadway (GP)
Harless, Clarence M. (S) 445 Franklin St. (GP)
Hull, Joel I. 6 Shore Drive, Dune Acres (GP)
Lucas, Owen H. 700 S. Calumet (FP)
Read, John E. 229 E. Morgan St. (OPH)
Robertson, William C. 5 Oak Drive (ANES)
Shields, Duncan M. 219 Dogwood Dr. (OM)

Holwerda, Harry L. DeMotte 46310 (GP)
Kingma, Roy E. DeMotte 46310 (GP)
Sun, Chen T. Hebron 46341 (GS)

Barros, Paul R. Hobart 46342 (OPH)
Jahns, Albin A.
7863 Broadway, Merrillville 46410 (ORS)

GARY

Blando, Uldarico B. 6101 Birch Ave. 46403 (R)
Cohen, Hyman L. 600 Grant St. (N)
Poracky, Bernard F. 5598 Van Buren St.,
Gary 46410 (R)

Gallinatti, John J. 351 E. 60th Dr.,
Merrillville 46410 (GP)

PORTAGE
(*Zip Code* 46368)

Crise, John R. 2674 Portage Mall (GP)
Dy, James T. 2530 Sand St. (GP)
Dy, Juley T. 2642 Eleanor St. (GP)
Farahmand, Firouz 2674 Portage Mall (PD)
Hoham, Frederick D. 2674 Portage Mall (GP)
Kilmer, Warren L. 2674 Portage Mall (GS)
Sturdevant, Frank M. 2674 Portage Mall (OBG)
Tetrick, Lain National Steel Corporation (OM)

VALPARAISO
(*Zip Code* 46383)

Armalavage, Leon J. 802 LaPorte Ave. (ORS)
Azar, George A. 814 LaPorte Ave. (PATH)
Babcoke, Gary Allen 814 LaPorte Ave. (GP)
Behrend, Frank 1101 Glendale Blvd. (OBG)
Brown, James R. 1005 Campbell St. (U)
Covey, Thomas J. R.R. 11, Box 444B (PD)
Covington, Constance 1101 E. Glendale (GP)
Davis, Carl M. (S) R.R. #13 (GP)
DeGrazia, Eugene J. 810 LaPorte Ave. (GS)
Dittmer, Jack E. 60 Jefferson St. (GP)
Dittmer, Thomas L. 60 Jefferson St. (GS)
Evans, Daniel R. 2005 Valparaiso St. (OPH)
Frank, John R. (S) 23 Lincolnway (OPH)
Gates, G. Gregory 814 LaPorte (PTH)
Gold, Marvin E. 1005 Campbell St. (ORS)
Green, Leonard J. 1005 Campbell St. (GP)
Griffin, Charles G. 1101 E. Glendale Rd. (GS)
Hansen, Nikolas F. 1005 Campbell St. (FP)
Kimmel, Louis E., Jr. R.R. 4, Box 190D (GS)
Kobak, Alfred J., Jr. ...1101 E. Glendale Rd. (OBG)
Koenig, Robert L. 1101 E. Glendale Rd. (FP)
Ku, Marshall 802 LaPorte Ave. (PD)
Lands, Robert M. 200 Oxbow Ct. (FP)
Lee, Robert Y. 808 Lincolnway (GP)
McBride, J. William .Porter Memorial Hosp. (PATH)
Makovsky, Theodore 1005 Campbell St. (GP)
Moayad, Cyrus 1105 E. Glendale Rd. (PS)
O'Neill, Martin J. 301 Washington St. (OS)
Ong, Tiong G. 1005 N. Campbell St. (GP)
Oster, Jack H. (S) 1909 Beech St. (P)
Pangan, Zanita C. 802 LaPorte Ave. (OBG)
Patheja, Surjit S. 4001 Sleighbell Ct. (DR)
Poncher, John R. 1101 E. Glendale Rd. (PD)
Riordan, John F. ...Porter Memorial Hosp. (ANES)
Sacris, Maria O. 802 LaPorte Ave. (OBG)
Scheimann, Lois 702 Lincolnway (A)
Shevick, Alexander ...1005 N. Campbell St. (OBG)
Sison, Edwardo V. 2105 Old Oak Dr. (GP)
Sorkin, Sheila 1101 E. Glendale Blvd. (IM)
Stoltz, Robert M. 1406 LaPorte Ave. (GP)
Taylor, James D. 1101 E. Glendale (GP)
Tufekcioglu, Erdogan 815 LaPorte Ave. (R)
Verde, Horacio V. 167 Lincolnway (P)
Vietzke, Paul C. F. (S) ...1005 Campbell St. (US)
Wu, Stewart 802 LaPorte Ave (GS)

Woodward, William M. R. R. 1, Box 55 A,
Westville 46391 (IM)
Gordon, Joseph L. (S) Wheeler 46393 (GP)

POSEY COUNTY

Ropp, Harold E. New Harmony 47631 (GP)
Woods, Arba L. (S) P.O. Box 271,
Poseyville 47633 (OO)

Boren, Paul R. (S) Poseyville 47633 (US)

MOUNT VERNON
(*Zip Code* 47620)

Crist, John R. 745 E. Second St. 46720 (GP)
Hirsch, Herman L. 130 W. Fifth St. (GP)
Vogel, L. John 722 Main St. (GP)

PULASKI COUNTY

WINAMAC
(*Zip Code* 46996)

Halleck, Harold J. (S) 119 W. Main St. (GP)
Hollenberg, Edward L. 613 Tippecanoe Dr. (FP)
Thompson, William R. 111 N. Monticello (GP)

PUTNAM COUNTY

Veach, Lester W. (S) Bainbridge 46105 (GP)
Veach, Richard L. Bainbridge 46105 (GP)
Ellett, John, Jr. Coatesville 46121 (GP)
Vieira, Jose Thos. Coatesville 46121 (GP)

GREENCASTLE
(*Zip Code* 46135)

Black, Thomas H. 600 N. Arlington (US)
Dettloff, Frederick R. 407 Melrose Ave. (GP)
Glock, Hugh E. 239 Hillsdale Ave. (GS)
Haggerty, Fred E. 600 N. Arlington (GP)
Jacobs, Rene M. 109 S. Vine St. (CD)
Johnson, James B. 600 N. Arlington (FP)
Johnson, John C. 600 N. Arlington (FP)
Marvel, Robert J. 600 N. Arlington (IM)
Roof, Roger S. DePauw Health Service (GP)
Schauwecker, Cleon M. 239 Hillsdale Ave. (GS)
Wiseman, V. Earle (S) 239 Hillsdale Ave. (GS)

Smith, A. Wilson 1901 Taylor Road, Columbus 47201 (IM)

RANDOLPH COUNTY

Nixon, Byron (S) Farmland 47340 (GP)
White, Harvey E. Farmland 47340 (GP)
Jordan, Leo E. Lynn 47355 (GP)
Shallenberger, Henry R. (S) Modoc 47358 (FP)

UNION CITY
(*Zip Code* 47390)

Chambers, Carol R. ...Chambers Medical Clinic (FP)
Chambers, Leroy B. (S)
Chambers Medical Clinic (GP)
Leahy, Jerome M. R.R. 2 (GP)
Phipps, Leland K. (S) R.R. 1, Box 63A (GP)
Pyle, Susan K. 1150 N. Columbia (GP)
Reid, Robert W. (S) 726 W. Division St. (OS)
Villa, Florencio C. 223 W. Oak St. (GS)
Wagoner, B. D. R.R. 2 (GP)

WINCHESTER
(*Zip Code* 47394)

Dininger, William S. (S) 303 S. Main St. (GP)
Koch, Howard W. 700 Browne St. (GP)
Miranda, Conrado R. III 702 Browne St. (GP)
Painter, Lowell W. 124 E. Franklin St. (GP)
Slick, Crystal R. 512 S. Oak St. (GP)
Sparks, Paul W. 212 S. Main St. (GS)

RIPLEY COUNTY

BATESVILLE
(*Zip Code 47006*)

Daftary, A.A. 413 N. Elm St. (IM)
Garcia, Manuel G. P.O. Box 120 (GS)
Ortiz, Juan Fernando Box 525 (AN)
Paras, Jose L.(GP)

Warn, William J. Milan 47031 (GP)
Row, George S. (S) Osgood 47037 (GP)
McConnell, William C. Sunman 47041 (GP)
Libunao, Artemio S. Versailles 47042 (GP)

RUSH COUNTY

Worth, C. Willard Milroy 46156 (GP)

RUSHVILLE
(*Zip Code* 46173)

Corpe, Kenneth F. R.R. 4 (GS)
Dean, Donald I. Fourth & Main (OPH)
Ellis, Davis W., Jr. 600 E. 11th St. (GP)
Green, Frank H., Jr. 134 E. Second St. (GP)
Lee, John M. (S) 914 N. Morgan St. (OS)
McKee, Harry G. 208 W. First St. (GP)
Nutter, Wyndham H. 1003 N. Morgan (GP)
Reyes, Ordonio J. 206 W. First St. (GS)

Atkins, Clarence C. (S) ...R.R. 6,
Greensburg 47240 (OTO)

ST. JOSEPH COUNTY

Sylbert, Philip 1127 Myrtle St.,
Elkhart 46617 (IM)
Frith, L. G. (S) 51757 N. Hickory Rd.,
Granger 46530 (GP)
How, Louis E. (S) Lakeville 46536 (GP)

MISHAWAKA
(*Zip Code* 46544)

Addis, Howard M. 303 S. Main St. (OO)
Barone, Carmelo V. 307 W. Fourth St. (GP)
Gabriel, Magdi 1020 Wilson Blvd. (EM)
Ganser, Richard A. 111 S. Race St. (GP)
Gerig, Eldon L. 303 S. Main St. (GS)
Macri, Paul A. 427 Lincoln Way E. (FP)
Mahank, Camiel C. 303 S. Main St. (OBG)
Orr, W. Robert 12388 E. Jefferson Rd. (ORS)
Paik, Bo Wook 303 S. Main St. (IM)
Rabasa, Rafael 303 S. Main St. (GP)
Reed, Robert F. 1316 Lincoln Way E. (GP)
Rosenwasser, Jacob 225 Lincoln Way E. (IM)
Schaphorst, Richard A. 612 N. Main St. (GP)
Schlossberg, Victor E., Jr. ...301 W. Fourth St. (IM)
Spalding, David L. 427 Lincoln Way E. (FP)
Spalding, Wendell L. (S) ..427 Lincoln Way E. (GP)
Stringer, Drennon D. 303 S. Main St. (IM)
Tirman, Wallace S. 15640 Winding Brook Dr. (R)
Walters, Charles E. 319 S. Spring St. (GS)
Whitlock, Merle E. (S) 211 Linden Ave. (GS)
Wilson, Douglas J. 303 S. Main St. (OBG)

SOUTH BEND
(*Zip Code* 466 *plus zone number*).

A

Aigotti, Ronald E. 211 N. Eddy (17) (HEM)

B

Backs, Alton J. ..1831 N. Kessler Blvd. (16) (DR)
Baran, Charles 212 Sherland Bldg. (01) (NS)
Bartsch, Harvey L. ...919 E. Jefferson Blvd. (22) (U)
Bawab, M. Samir 919 E. Jefferson St. (22) (R)
Beach, Norman F. 919 E. Jefferson Blvd. (22) (R)
Bechtold, S. E. 704 N. Main St. (01) (GS)
Bell, Horace D. 420 N. Hill St. (17) (GP)
Bennett, Jene R. 531 N. Main St. (01) (PATH)
Berke, Robert D. ...1118 Lincoln Way E. (18) (A)
Bird, John J. 710 JMS Bldg. (01) (OPH)
Bodnar, Leslie M. 328 N. Michigan (01) (ORS)
Bogan, William C. Box 2113 (15) (GP)
Booth, Franklin M. 3610 Northside Blvd. (15) (PS)
Brechtl, Harvey J. 119 S. Eddy St. (17) (GP)
Buck, Richard C. 51916 U.S. 31 N. (37) (FP)
Buechner, Frederick W. (S)
261 Oliver Theatre A (GP)
Butts, Milton A. 118 N. Walnut St. (28) (GP)
Byler, John J. ...1002 Lincoln Way West (16) (OO)

C

Carter, F. R. Nicholas (S)
124 S. Jacob (17) (PH)
Cassady, James V. (S) ..208 Sherland Bldg. (01) (OPH)
Cassady, John R. ...208 Sherland Bldg. (01) (OPH)
Chamberlain, Donald S. 919 E. Jefferson Blvd. (22) (R)
Chamblee, Roland W.
366 N. Notre Dame Ave. (17) (GPD)
Cho, Hun-Koo 211 N. Eddy St. (17) (OBG)
Clark, William H. ..520 Sherland Bldg. (01) (OTO)
Conroy, Michael 3123 Mishawaka Ave. (15) (FP)
Cook, Gordon C. 1620 Southwood Ave. (15) (OBG)
Cox, Alfred C. 51916 U.S. 31 N. (37) (GP)

D

Davis, Edward A. 3014 Ardmore Trail (28) (FP)
Dean, Frederick K. 919 E. Jefferson Blvd. (22) (R)
Denham, Robert H. .109 S. St. Louis Blvd. (17) (ORS)
Devetski, Robert L. ..Am. Nat. Bank Bldg. (01) (IM)
Dingley, Albert F., Jr.
109 S. St. Louis Blvd. (17) (ORS)
Dodd, Robert D. 2311 N. Miami St. (14) (GP)
Dolezal, Bernard J. 115 S. Eddy St. (17) (OBG)
Dunfee, Thomas P. 912 E. LaSalle St. (17) (Nephrology)
Dunlap, D. Logan 523 J.M.S. Bldg. (01) (IM)

E

Edwards, Bernard E. ..1134 Ridgedale Rd. (14) (AN)
Egan, Sherman L. 523 J.M.S. Bldg. (01) (IM)
Engel, Howard R. ..919 E. Jefferson Blvd. (22) (IM)
English, John Paul 211 N. Eddy (17) (PD)
Erickson, Gustaf W. 211 N. Eddy (17) (PD)

F

Farner, James E. 130 W. Park Lane (01) (GE)
Feferman, Martin E. .919 E. Jefferson Blvd. (22) (NS)
Feldman, Max 1921 Miami St. (13) (GP)
Filipek, Walter J. ..311 Odd Fellows Bldg. (01) (GP)
Fink, James M. 912 E. LaSalle Ave. (17) (IM)
Firestein, Ben Z. 919 E. Jefferson Blvd. (22) (D)
Firestein, Ray 502 N. Ironwood Dr. (15) (IM)
Fish, Edson C. 19054 Summers Dr. (37) (AN)
Foley, Hansel O. 704 N. Main St. (01) (GP)
Forrest, O. Norman, Jr. ..912 E. LaSalle Ave. (17) (OBG)
Frank, Herbert 919 E. Jefferson Blvd. (22) (IM)
Frank, Lyall L., Jr. ...224 W. Navarre St. (01) (FP)
Frash, DeVon W., Jr. ...1910 Miami St. (13) (GP)
Friedman, Morris S.
919 E. Jefferson Blvd. (22) (ORS)
Friend, George 919 E. Jefferson Blvd. (22) (GS)

G

Galup, Luis N. 531 N. Main St. (01) (PATH)
Ganser, Ralph V. 810 E. Colfax (17) (OTO)
Gardner, Ian R. ...919 E. Jefferson Blvd. (22) (CDS)
Gates, George E. 211 N. Eddy (17) (IM)
Gergesha, Edward A. 211 N. Eddy St. (17) (PD)
Gibson, Milton E. 919 E. Jefferson Blvd. (22) (C)
Godersky, George E. ..912 E. LaSalle Ave. (17) (OBG)
Godersky, Lois G. 531 Main (01) (PTH)
Graf, John P. 53260 Placid Dr. (37) (AN)
Grainger, James L. ...919 E. Jefferson (22) (R)
Green, G. Richard 601 J.M.S. Bldg. (01) (GS)
Green, George F. (S) ...601 JMS Bldg (01) (GS)
Green, Norval E. 704 N. Main St. (01) (U)
Grillo, Donald 214 Sherland Bldg. (01) (CRS)
Grorud, Alton C. 919 E. Jefferson Blvd. (17) (IM)

H

Haley, George M. 220 Sherland Bldg. (01) (U)
Haley, Paul E. (S) 301 Le Blvd. de la Pair #2901 (15) (OO)
Hamilton, Charles O. 6042 N. Michigan St. (01) (ANES)
Harding, John S. 3533 Springbrook Dr. (14) (DR)
Harris, C. Glenn ...711 E. Colfax Ave. (17) (P)
Haugseth, Ellsworth K. ..820 N. Ironwood Dr. (15) (ORS)
Helmer, John F. ...2116 Amer. Nat'l. Bk. (01) (GS)
Heyde, Edward L. 110 W. Bartlett (01) (OPH)
Hilbert, John W. (S) ..61600 Bright Lane (13) (OO)
Hildebrand, John O., Jr. ..1307 E. Ewing Ave. (13) (FP)
Hill, Wallace C. 919 E. Jefferson Blvd. (22) (GS)
Holdeman, Lillian S. ...635 S. Main St. (23) (PH)
Holdeman, Richard W. ..404 N. Lafayette Blvd. (01) (IM)
Holloway, Richard J. 211 N. Eddy (17) (U)
Holtzman, Norman N. ..1621 Hoover Ave. (15) (IM)
Horvath, George A. ...211 N. Eddy (17) (PD)
Houser, D. Stanley ...719 N. Main St. (01) (OBG)
Houser, Keim T. ...719 N. Main St. (01) (OBG)
Hyde, Carroll C. (S) 1521 E. Colfax Ave. (17) (U)

J-K

Jankowski, Ernest B. ..411 S. Sheridan Ave. (19) (GP)
Karn, John W. 1535 Wall St. (15) (AN)
Keenan, Patrick J. 211 N. Eddy (17) (N)
Kim, Bum Joo ...425 N. St. Louis Blvd. (17) (OBG)
King, Robert P. 17615 State Rd. 23 (35) (FP)
Knode, Kenneth T. (S) 406 Sherland Bldg. (01) (A)
Krizman, David J. 53100 Placid Dr. (37) (AN)
Krueger, John E. 1146 Dunrobbin Lane (14) (AN)
Kuhn, Frederick L. ..1215 S. Michigan St. (18) (GP)

L

Lane, William H. ...604 N. Michigan St. (01) (ANES)
Leipold, Jon David 634 N. Lafayette (23) (P)
Levatin, Bernard I. ..919 E. Jefferson Blvd. (22) (U)
Lionberger, John R. ..919 E. Jefferson Blvd. (22) (R)
Liss, Emanuel C. 119 S. Eddy St. (17) (D)
Lockhart, Philip B. ..919 E. Jefferson Blvd. (22) (R)

M

MacDonell, Eldred H. 211 N. Eddy (17) (IM)
MacLeod, John K. ..425 N. St. Louis Blvd. (17) (OBG)
McCraley, William J. 218 S. Francis (17) (GP)
McFarland, Corley B. 211 N. Eddy (14) (OPH)
McMeel, James E. ..2604 S. Twyckenham Dr. (14) (OM)
McQuade, John Allen 1522 Portage (16) (GP)
Macias, Rafael 2208 Amer. Nat'l. Bk. Bldg. (01) (TS)
Magnuson, Charles W. ...211 N. Eddy (17) (GE)
Marquis, Gordon 211 N. Eddy (17) (OTO)
Martin, Charles F. 1438 Ridgedale Rd. (14) (R)
Martinov, Wm. Edward 919 E. Jefferson (22) (CDS)
Mason, Bernard A. 211 N. Eddy (22) (IM)
Mauzy, Merritt C. ...216 Sherland Bldg. (01) (PS)
Metcalfe, Grant E. 919 E. Jefferson Blvd. (22) (P)
Mitchell, Gary A. 912 E. LaSalle St. (17) (NEP)
Mueller, Hilbert M. 211 N. Eddy (17) (D)
Murphy, Josephine F. 505 W. LaSalle (01) (GP)

N-O

Napper, Karl F. ..604 N. Michigan St. (01) (ANES)
Neher, John L. ...17615 State Rd. 23 (35) (GP)
Nelson, F. Dale 1951 E. Fox (13) (FP)
Nelson, Raymond E. ..206 E. Bartlett St. (01) (GP)
Nelson, Robert 206 E. Bartlett St. (01) (FP)
Nichols, Harold G. 524 Sherland Bldg. (01) (P)
Norborg, Christopher 719 N. Main St. (01) (OBG)
Odrcic, Kazimir 211 N. Eddy (17) (OPH)
Olson, Donald T. ..919 E. Jefferson Blvd. (22) (CD)
Olson, Kenneth L. 919 E. Jefferson Blvd. (22) (R)
O'Malley, Patrick F. ..512 Sherland Bldg. (01) (OPH)

P

Pairitz, Frank D. 919 E. Jefferson Blvd. (22) (R)
Parsons, Robert 919 E. Jefferson Blvd. (22) (ORS)
Pascuziz, Chris A. ...531 N. Main St. (01) (PATH)
Pauszek, Thomas B. (S) 704 W. Washington St. (01) (OBG)
Petrass, Andrew (S) .22027 Liberty Highway (01) (GP)
Phelps, Stephen R. ...808 Sherland Bldg. (01) (D)
Plain, George B. 211 N. Eddy (17) (GS)
Plain, George Leroy 1229 Ridgedale (14) (IM)
Proudfit, Charles H. 919 E. Jefferson Blvd. (22) (GYN)
Quinn, Michael G. 531 N. Main St. (01) (PTH)

R

Rasmussen, Ruth F. (S) 211 N. Eddy (17) (PATH)
Reineke, Jan R. 912 E. LaSalle (17) (OBG)
Rice, Katherine K. ..919 E. Jefferson Blvd. (17) (P)
Richards, Dean ...3123 S. Michigan St. (14) (GP)
Rigaux, Armand J. 150 W. Angela (17) (GP)
Roberts, Billy J. ..3123 Mishawaka Ave. (15) (GP)
Rosenheimer, George M. (S) 1425 E. Woodside St. (14) (AN)
Rubens, Eli (S) 2314 Miami (14) (PD)

S

Salazar, Luis B. 3120 Rue Renoir, Apt. 205 (15) (GE)
Sanderson, Robt. B. (S) ..238 S. Hawthorne (17) (PUD)
Sandock, Louis F. ...503 Sherland Bldg. (01) (IM)
Sandock, Mark S. 818 Sherland Bldg. (01) (IM)
Sandoz, Harry H. (S) ..2500 Topsfield Rd. (14) (GP)
Saucelo, Bart M. ...1401 Lincoln Way W. (28) (GP)
Schiller, Herbert A. .919 E. Jefferson Blvd. (22) (OBG)
Scott, Frank M. 211 N. Eddy (17) (GS)
Sharp, Merle C. ...912 E. LaSalle Ave. (17) (OBG)
Shelley, Edward S. ...207 S. Taylor St. (25) (GP)
Shriber, William H. 211 N. Eddy (17) (OBG)
Shriner, Richard Lee ..914 E. Jefferson Blvd. (17) (P)
Skillern, Scott D. 722 E. Colfax (17) (D)
Smith, Lee 1925 E. Jefferson Blvd. (17) (OPH)
Speybroeck, Robert C. ..1134 Kessler Pl. (16) (PH)
Staunton, Henry A. ..3016 Mishawaka Ave. (15) (GP)
Stimson, Harry ...1815 E. Ireland Rd. (14) (FP)
Stiver, Daniel D. ...416 Sherland Bldg. (01) (GS)
Stogdill, William J. ..520 N. Coquillard Dr. (17) (GP)
Sweeney, Robert M. ..115 N. Sunnyside Ave. (17) (PD)

T

Tapley, Dwight L. 61047 U.S. 31 South (14) (GP)
Thompson, John M. ..209 Sherland Bldg. (01) (OPH)
Thompson, Larry G. 604 N. Michigan St. (14) (AN)
Thornton, Maurice J. (S) ..125 W. Marion St. (01) (R)
Troeger, Thomas A. 912 E. LaSalle (17) (HEM)
Troyer, Marlin L. ..328 N. Michigan St. (01) (ORS)
Tutunji, Nermin D. ..919 E. Jefferson Blvd. (17) (CDS)

U-V-W-X-Y-Z

Urruti, Arnoldo H. 620 JMS Bldg. (01) (P)
Vagner, Samuel B. 2201 Lincolnway West (28) (GP)
VanFleit, William E. ..919 E. Jefferson Blvd. (22) (TS)
Vakkur, George J. 211 N. Eddy St. (17) (N)
Wack, James E. ...530 W. Indiana Ave. (13) (GP)
Walerko, Frank 919 E. Jefferson Blvd. (22) (U)
Walker, Edwin M., Jr. ..501 N. Ironwood Dr. (15) (ANES)
Wehlage, David F. 634 N. Lafayette Blvd. (01) (P)
White, Donald G. ...1815 Ireland Rd. (14) (FP)
Wilhelm, Agatha M. ..1032 E. Wayne at Eddy (17) (IM)
Wilson, James M. ...919 E. Jefferson Blvd. (22) (GS)
Wind, Joseph L. ...919 E. Jefferson Blvd. (22) (DR)
Yergler, Willard G. 328 N. Michigan St. (01) (ORS)
Zeiger, Irvin L. ...3123 Mishawaka Ave. (15) (GP)

Luzadder, John E. Jr. 2113 Lake Shore Dr., Michigan City 46360 (FP)
Hartsough, Ralph I. ...24078 Stanton Rd., North Liberty 46552 (EM)
Naval, Joventino 408 N. Main St., North Liberty 46554 (GP)
Fenstermacher, Robert E. 506 Michigan St., Walkerton 46574 (FP)
Rohrer, Bryce B. 506 Michigan St., Walkerton 46574 (FP)
Cline, Kenneth L. ...Box 57 Wyatt 46595 (GP)

OUT OF STATE

Fish, Clyde M. (S) ..Douglas, Mich. 49406 (CRS)
Gilman, Marcus M. (S) 2841 NE N. Miami Beach Blvd.; N. Miami Beach, Fla. 33161 (OS)
Hillman, Marion W. (S) 1728 Little Point Circle, Sarasota, Fla. 33581 (GP)
Myers, Philip R. ..R.R. 3, Box 182, Edwardsburg, Mich. 49112 (OS)
Pyle, Harold D. (S) 14432 Arrowhead Court, Sun City, Ariz. 85351 (OO)
Ward, James W. (S) 2630 NE 30th Pl., Ft. Lauderdale, Fla. 33306 (AN)
Warrick, Homer L. (S) ...Edwardsburg, Mich. 49112 (OO)
Wixted, John F. (S) Prairie Club Camp, Harbert, Mich. 49115 (OPH)
Wixted, Julia M. (S) Prairie Club Camp, Hazel Hurs, Harbert, Mich. 49115 (ORS)

SCOTT COUNTY

Roberto, Benjamin V.
378 W. Main St., Austin 47102 (GP)

SCOTTSBURG
(*Zip Code* 47170)

Bacala, Jesus 69 Wardell St. (GP)
Castro, Ignacio B., Jr. 685 Wanda St. (GS)
Dancel, Manuel T. 675 N. Gardner (GP)
Kho, Eusebio 137 E. McClain St. (GS)
McClain, Marvin L. 384 E. McClain St. (GP)
Scott, William M. 16½ N. Main St. (OO)

SHELBY COUNTY

Davis, John A. Flat Rock 47234 (GP)
Jean, Thomas A. Morristown 46161 (GP)

SHELBYVILLE
(*Zip Code* 46176)

Abeleda, Lamberto V. Route 2, Box 365 B (IM)
Arata, Lucian A. 428 W. Hendricks St. (GP)
Banguis, Eliseo T. 103 W. Washington St. (GS)
Banguis, Lucia P. 103 W. Washington St. (GP)
Deupree, William D. 23 W. Hendricks St. (PD)
Green, William L. 408 Methodist Bldg. (GS)
Inlow, Paul M. 103 W. Washington St. (R)
Inlow, Robert P. 103 W. Washington St. (GS)
Inlow, William D. (S) ..1072 Alto Rd., Lake Worth, Fla. 33460 (GS)
Lorber, James M. Box 852 (GS)
Miller, Richard C. 17 W. Mechanic St. (GP)
Moheban, Joseph 120 W. Jackson St. (GP)
Pasilabban-Banguis, L. M. 103 W. Washington St. (IM)
Scott, V. Brown R.R. 2, Box 11 (IM)
Silbert, David B. 17 S. Tompkins St. (GP)
Spindler, Robert D. 165 W. Mechanic St. (OPH)
Tindall, William R. (S) ..505 S. Harrison St. (GP)
Tower, James H., Jr. ..Ten Northridge Park, Box 70 (GP)
Whitcomb, Roger F. 120 W. Jackson St. (GP)

SPENCER COUNTY

Barrow, John H. Dale, Ind. 47523 (GP)
Jolly, Wesley P. (S) Richland 47634 (GP)
Glackman, John C., Jr. Rockport 47635 (GP)
Monar, Michael 6th and Main Sts., Rockport 47635 (GP)

STARKE COUNTY

Leinbach, Earl R. Hamlet 46532 (GP)
Ufkes, Herbert C. (D.O.) ..North Judson 46366 (GP)

KNOX
(*Zip Code* 46534)

DeNaut, James F. 4 N. Heaton St. (GP)
Fritz, Walter R.R. 3, Box 924 (FP)
Goode, Robert U.S. 35 South (GS)
Henry, Howard J. 107 S. Main St. (GS)
Ingwell, Guy B. (S) U.S. 35 South (US)
Matthew, John R. 317 Carlson Dr. (GPM)
Palmer, W. Allen 107 S. Main St. (GP)

STEUBEN COUNTY

ANGOLA
(*Zip Code* 46703)

Barton, Robert 416 E. Maumee (GP)
Davis, Claude E. 606 S. Darling St. (GS)
Hartman, John J. 909 W. Maumee (GS)
Jackson, Dean B. Cameron Mem. Hosp. (GP)
Kissinger, Knight L. 411 E. Gilmore (GP)
Mason, Donald G. 112 S. Wayne St. (GP)

Rausch, Norman W. 416 E. Maumee (GP)
Richard, Norman F. R.R. 5, Box 828 (ABS)
Weaver, R. Wyatt 301 E. Maumee (FP)

Schrepferman, Wayne Hamilton 46742 (GP)
Mattox, Dean L. Box 210, LaGrange 46761 (GP)
Yocum, Paul S., Sr. (S) 4826 Alhambra Circle, Coral Gables, Fla. 33146 (GS)

SULLIVAN COUNTY

Dukes, Betty J. Dugger 47848 (GP)
Dukes, Joe Dugger 47848 (GP)
Bethea, Robert O. Farmersburg 47850 (GP)

SULLIVAN
(*Zip Code* 47882)

Bedwell, Marion H. (S) 16 N. Court St. (GP)
Brown, John Stanley R. R., Greenbrier Hills (GP)
Crowder, James H. (S) 112 N. Section St. (GP)
Eskew, Kenneth W. Scott Medical Bldg. (GP)
Johnson, Ronald M. 777 Wolfenberger (FP)
McClure, Glen 777 N. Wolfenberger (GS)
Sarkar, Anil K. 320 N. Section St. (PTH)
Scott, Irvin H. 117 W. Washington St. (GS)

Dukes, Michael J.
1925 N. Senate #30, Indianapolis 46202 (OBG)

Daugherty, William L. Hutsonville, Ill. 62433 (GP)
Taylor, John R. 105 N. Main, Palestine, Ill. 62451 (GP)
Dukes, Russell J. 815 Memorial Pkwy., Rochester, Minn. 55901 (IM)

SWITZERLAND COUNTY
(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Russell, Henry T.
R.R. 1, Battleground 47920 (PATH)
Derhammer, George L. (S) Brookston 47923 (GP)
Coyner, Alfred B. (S) R.R. 1, Clarks Hill 47930 (GP)
Gish, Howard M. R.R. 2, Delphi 46923 (OS)
Dublin, Madeline P. Francesville 47946 (GP)
Ault, Carl H. ..3015 Dellwood Dr., Kokomo 46901 (EM)
McKinney, Donald L. Box 398, Otterbein 47970 (FP)
Stolz, Thomas J. Box 398, Otterbein 47970 (ORS)

LAFAYETTE
(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H. 2211 South St. (OTO)
Ade, Mary Keller 2211 South St. (GP)
Aldrich, David D. 2500 South St. (02) (PATH)
Alexander, Alan A. 2600 Greenbush St. (PD)
Alstott, David F. 2400 South St. (PATH)
Arvin, Delano Z. 2600 Greenbush St. (R)
Auckley, James L. 2600 Greenbush St. (IM)
Balkeman, Catherine M. 30 N. 21st. St. (GP)
Beck, David C. 402 Northwestern #106 (06) (D)
Beuerman, V. A. 2600 Greenbush St. (OPH)
Bolin, Robert C. 260 Greenbush St. (05) (IM)
Bond, L. G. 2600 Greenbush St. (D)
Bosley, Roger E. 2400 Ferry St. (OBG)
Bracey, Altamont H. 2600 Greenbush St. (PDS)
Brady, Kingdon 612 Terry Lane (06) (PTH)
Brennan, Thomas F. 2600 Greenbush St. (OTO)
Bridge, Barton C. ...Jefferson Square (05) (GP)
Bullard, Harlan R. 2600 Greenbush St. (OPH)
Burns, John T. 2323 South St. (PD)
Bush, Jack A. 405 Life Bldg. (01) (ANES)
Calvert, Raymond R. (S) 314 N. Sixth St. (01) (OPH)
Carpenter, James B. 49 N. 26th St. (GP)
Carrel, Francis E. 126 Cochise Trail (05) (GP)
Cartwright, Glen W. ..2600 Greenbush St. (03) (PD)
Cline, Chas. Theodore ..2600 Greenbush St. (04) (GE)
Conway, Louis 2600 Greenbush St. (NS)
Davis, Grayson B. 2500 Ferry St. (GP)
Davis, Howard B. 2600 Greenbush St. (02) (U)
Deur, Julius J. 1011 Columbia (IM)
Donahue, George R. (S) 1619 S. 9th St. (05) (GP)
DuBois, Ramon B. 519 Calvert Lane (05) (GP)
Eaton, Marion J. (S) 214 Life Bldg. (01) (U)
Elliott, Paul W St. Elizabeth Hosp. 332 Park Lane (06) (PTH)
Evans, David L. 2424 Ferry St. (04) (P)
Ferguson, William B. 2525 South St. (ORS)
Fields, Don C. 2600 Greenbush St. (02) (GS)
Filmer, Eleanor 1501 Hartford (GP)
Foster, John A. 1501 Hartford St. (PTH)
Frey, Harley H., Jr. ..405 Life Bldg. (01) (ANES)
Froberg, Kim L. 324 N. 25th St. (PD)
Froberg, Linda K. 324 N. 25th St. (PD)
Fritch, John M. 710 S. 21st St. (05) (OPH)
Gery, Richard E. 2600 Greenbush St. (GS)
Gossard, John M. 2525 South St. (ORS)
Greider, Lester S. 2400 South St. (01) (GPM)
Gripe, Richard P. 2600 Greenbush St. (02) (CD)
Gutwein, Gilbert 2525 South St. (ORS)
Haas, Charles F. 2500 Ferry St. (D)
Hannemann, Robert E. 2600 Greenbush St. (02) (PD)
Harter, Eli B. 918 King St. (05) (OO)
Harvey, Bennett B. 2500 Ferry St. (PATH)
Hebard, Harold G. Jr. 2424 Ferry St. (GP)
Heid, George J., Jr. 2500 Ferry St. (FOP)
Horswell, Richard R. 2600 Greenbush St. (IM)
Horvath, John L., Jr. 140 Tamiami Ct. (06) (TR)
Hughes, Anson F. 2400 Ferry St. (OBG)
Hull, James E. St. Elizabeth Hosp. (GS)
Hunsberger, Walter G. ...2600 Greenbush St. (R)
Jacobson, William St. Elizabeth Hosp. (PTH)
Johnson, Herbert S. 2600 Greenbush St. (GS)
Karberg, Richard J. 2400 Ferry St. (OBG)
Kelley, Jack L. 2600 Greenbush St. (GS)
Keplinger, James E. 1501 Hartford St. (NS)
Kim, Theodore H. 2500 Ferry St. (PTH)
Klatch, Ben Z. 1501 Hartford St. (IM)
Klepinger, Harry E. (S) ..724 Life Bldg. (01) (GP)
Knote, John A. Home Hospital (R)
Kohne, Robert W. 3010 Underwood (GP)
Kuipers, Fred M. 2600 Greenbush St. (CD)
Landis, Chas. B. 505-7th St. (OM)
Lempke, Lloyd W. 1501 Hartford St. #1 (ORS)

Lind, Jaap J. 2600 Greenbush St. (ORS)
Loop, Frederick A. 296 Park Lane (06) (GS)
MacLennan, John C. 2600 Greenbush St. (CD)
McAdams, Robert ..2011 Kossuth St. (05) (GP)
McEwen, David A. 2600 Greenbush St. (DR)
McFadden, James M. 2500 Ferry St. (PATH)
McKinley, Joseph 2600 Greenbush St. (U)
McPherson, Richard C. ...2600 Greenbush St. (GS)
Marsh, George W. (S) 1216 Howell (GP)
Marvel, Howard R. 2600 Greenbush St. (02) (A)
Mather, Charles R. 2600 Greenbush St. (02) (OBG)
Mather, Robert L.
805 Purdue Nat'l. Bank Bldg. (01) (OPH)
Mathews, Frank 1501 Hartford St. (N)
Mentzer, William G. 2400 Ferry St. (OBG)
Miller, Albert J. 2500 Ferry St. (PATH)
Miller, Roland E. 2200 Scott St. (PD)
Miller, William J. 2600 Greenbush St. (R)
Mohrs, Paul E. 405 Life Bldg. (01) (ANES)
Mount, William M. 20 N. 24th St. (A)
Onorato, Joseph J. 2433 S. Ninth St. (05) (IM)
Patton, Charles 405 Life Bldg. (01) (ANES)
Peyton, Frank W. 2400 Ferry St. (OBG)
Peyton, Richard R. 2400 Ferry St. (OBG)
Pfrommer, J. R. 2600 Greenbush St. (AM)
Pickerill, James M. 712 Purdue Nat'l Bank Bldg. (01) (GP)
Poulos, James T. 2600 Greenbush St. (END)
Rahdert, Richard 2600 Greenbush St. (CHP)
Ralston, Marc A. 2600 Greenbush St. (OPH)
Ramsey, George F. 2600 Greenbush St. (02) (IM)
Ratcliff, Frank W. (S) 405 Life Bldg. (01) (ANES)
Remo, John W. 2600 Greenbush St. (DR)
Riggs, Wendell A. 2600 Greenbush St. (02) (PD)
Robinson, Frederick C. 2600 Greenbush St. (N)
Rothrock, Philip W. 2200 Scott St. (IM)
Ruschli, Edward B. (S) 604 Kossuth (05) (GP)
Rutherford, Charles E. 2315 South St. (GS)
Scanlon, John C. 2600 Greenbush St. (PUD)
Scheeres, Jacob W. 2315 South St. (05) (GS)
Sherman, David E. 2400 Ferry St. (OBG)
Shively, John L. 2525 South St. (ORS)
Sholty, William M. 1831 Lilly Rd. (05) (AN)
Smith, Lowell C. 637 Ferry St. (01) (GP)
Spurlock, Fae H. 1625 Western (06) (P)
Steele, Hugh H. 2600 Greenbush St (02) (GE)
Strayer, Joseph W. (S) ..300 Valley St. (05) (PUD)
Stuntz, Edgar C. 2500 Ferry St., #200 (P)
Trout, Carl J. (S) 314 N. Sixth St. (01) (OPH)
Trout, David J. 2 N. 26th St. (01) (OTO)
Underwood, George M. ..Jefferson Square (05) (GP)
Van Buskirk, Edmund L. ..2600 Greenbush St. (02) (OPH)
Van Den Bosch, Wallace R. 33 N. 22nd St. (P)
Vermilya, Robert W. ..579 S. 675 East (01) (ANES)
Wagner, Lindley 2424 Ferry St. (IM)
Wagoner, J. Edward 2525 South St. (ORS)
Waits, Chester L. 49 N. 26th St. (GP)
Weida, Jerry M. 712 Purdue Nat'l Bank Bldg. (01) (GP)
Weller, Wendell A. (S) ...2600 Greenbush St. (02) (OTO)
Wong, Norman F. 2500 Ferry St. (GP)

Babb, Forrest J. Stockwell 47983 (GP)

WEST LAFAYETTE
(*Zip Code* 47906)

Baker, John R. 2321 Carmel Dr. (ANES)
Bourland, Barbara J. 807 Cumberland (PDC)
Carpenter, Robert S. 492 Littleton (OS)
Carroll, Bertha Rose (S) 1125 Glenway (OO)
Cole, Ira (S) 1535 Summit Dr. (OO)
Harden, Murray E. 401 Sharon Rd. (06) (OBG)
Hass, Caroline E. 316 N. Salisbury St. (GP)
Hass, Thomas W. 316 N. Salisbury St. (OBG)
Heasty, Alfred R. 2550 Yeager Rd. (GP)
Hunter, Dean M. 316 N. Salisbury St. (OBG)
Jones, David M. Purdue Health Center (GP)
McAdams, Hugh B. Purdue Health Center (07) (GP)
Radcliffe, Lee E. 500 Sagamore Pkwy. N. #3a (P)
Roggenkamp, Milton W. 144 Arrowhead Dr. (PATH)
Rommel, Clarence H. (S) ...456 Northwestern (GS)
Schmiedicke, Paul H. (S) 112 Wheeler Lane (IM)
Tacker, Willis A., Jr. 2901 Wilshire Ave. (GP)
Van Kirk, John R. 2496 Sycamore Lane (GP)
Wagner, Anabel L. 1834 Summit Dr. (AN)
Webster, Paul L. 527 Park Ridge (DR)
Yegerlehner, Roscoe S. (S) ..118 Juniper Ct. (GP)

Flack, Russell A. (S) 432 S. Curson Ave., East Los Angeles, Calif. 90036 (OO)

TIPTON COUNTY

Haller, Robert L. Kempton 46049 (GP)
Stouder, Albert E. Kempton 46049 (GS)

TIPTON
(*Zip Code* 46072)

Burkhardt, Boyd A. 202 S. West St. (ABS)
Carter, Jean V. (S) 130 N. Main St. (GP)
Compton, George L. 219 N. Independence (GP)
Gossard, Meredith B. ...308 N. Independence (GP)
Kincaid, Raymond K. 202 S. West St. (GP)
Meredith, Jesse H. 202 S. West St. (GP)

Ericson, Harold L. Windfall 46076 (GP)

Tranter, William F. 2337 Flora Ave., Ft. Myers, Fla. 33901 (OO)

UNION COUNTY
(See Wayne-Union)

VANDERBURGH COUNTY

EVANSVILLE

(Zip Code 477 plus zone number.)

A

Adye, Wallace M., Jr. ..1307 Stringtown Rd. (11) (GP)
Akin, Ali N. 8125 Petersburg Rd. (11) (US)
Akin, Emel B. 8125 Petersburg Rd. (11) (GE)
Allen, Donald R. 642 Adams (13) (IM)
Allen, William H. ...611 Harriet St. (10) (NS)
Anderson, Milton H. 3700 Bellemeade (15) (P)
Antes, Earl H. 421 Chestnut St. (13) (IM)
Arendell, Robert E. 700 Helfrich Lane (12) (GP)
Arroyo, Sylvia St. Mary's Hosp. (15) (ANES)
Austin, Eugene W. 3700 Bellemeade (15) (PD)

B

Baird, Glenn D. Deaconess Hosp. (10) (PUD)
Baisas, Wilfrido C. 5100 Lincoln Ave. (15) (OBG)
Baker, Herman M. (S) 600 Cullen Ave. (15) (IM)
Baker, Sam B. 460 Martins Lane (15) (R)
Barnhart, Willard T. 611 Harriet St. (10) (U)
Beck, Robert E. 611 Harriet St. (10) (R)
Becker, Jerry D. 515 Read St. (10) (IM)
Begley, Joseph W., Jr. ..314 S.E. Riverside Dr. (13) (OTO)
Beisel, Larry H. 421 Chestnut St. (12) (PD)
Bennett, Abner P. Welborn Baptist Hosp. (13) (CLP)
Berker, Beddi S. Box 53 (01) (ANES)
Berry, George F. 600 Cullen Ave. (15) (FP)
Bissonnette, Roger P. 421 Chestnut St. (13) (IM)
Bizal, John A. 314 S. Riverside (12) (OTO)
Bloss, Bryant A. 801 St. Mary's Dr. #410 (15) (ORS)
Bohling, Jeffrey L. 1225 Shiloh Sq. (15) (OBG)
Boone, Robert D. 421 Chestnut St. (13) (TS)
Boyle, Carroll L. 715 First Ave. (10) (GP)
Brakel, Frank J., Jr. 421 Chestnut St. (13) (IM)
Braun, Stephen E. Gateway Clinic 47303 (OS)
Britt, Robert L. 421 Chestnut St. (13) (PD)
Brockmole, Arnold W. 127 Civic Center (13) (PH)
Brown, Raymond Lee, Jr. ..401 SE 6th (10) (AN)
Brown, Robert L. 419 Edgar St. (10) (GP)
Brundick, Edward L. ...611 Harriet St. (10) (ORS)
Bryan, Stanton L. 607 Hulman Bldg. (08) (IM)
Buehner, Donald C. ...3700 Bellemeade Ave. (15) (GP)
Buehner, Donald F. 3700 Bellemeade (15) (FP)
Burger, Thomas C. 3700 Bellemeade (15) (GS)
Burnikel, Ray H. 2709 Washington Ave. (14) (CRS)

C

Cabrera, Juan C. 1111 S. Green River (15) (CHP)
Carlson, Ralph F. 611 Harriet St. (10) (TS)
Cato, Allen E. R.R. 4, Lischer Rd. (12) (PD)
Challman, William B. 715 First Ave. (10) (GP)
Chen, Tzeng Chih 421 Chestnut St. (13) (N)
Clark, Thomas W. 420 Cherry St. (13) (IM)
Clouse, Paul A. 613 S. Weinbach Ave. (14) (IM)
Cobb, Donald P. 326 S.E. Seventh St. (13) (OBG)
Combs, Herman T. 807 W. Indiana (10) (GP)
Cook, Thomas 1204 Fuquay Rd. (15) (R)
Cooper, Waller W. ...Box 887 (01) (ANES)
Corcoran, Patrick J.V. P.O. Box 3287 (01) (IM)
Cordano, Angel 2404 Pennsylvania (21) (NTR)
Cox, Larry 5900 Booker Rd. (12) (EM)
Crawford, James H. 611 Harriet (10) (GP)
Crudden, Charles H. ..6600 Washington Ave (15) (P)
Cullnane, Chris W. ..2312 W. Franklin St. (12) (GP)

D

Davidson, Harold H. ...421 Chestnut St. (13) (OBG)
Davis, Kenneth D. 421 Chestnut St. (13) (ORS)
Denzer, Edward K. 101 S.E. Third St. (08) (GP)
Denzer, William O. ...2329 Chandler Ave. (16) (GP)
Diamond, Jack L. ..4505 Bellemeade Ave. (15) (OM)
Dieckman, Herbert S. 3700 Bellemeade (15) (A)
Dodd, Roberts K. 2042 Lincoln Ave. (14) (GS)
Downer, Luther H. 615 Oak Street (13) (IM)
Drake, Dale W. St. Mary's Hospital (15) (AN)
Durkee, Melvin S. 3700 Bellemeade (15) (GS)
Dycus, Walter A. ...319 N. St. Joseph Ave. (12) (GP)
Dyer, Wallace K. 3700 Bellemeade (15) (OTO)

E

Engel, Edgar L. ..326 S.E. Seventh St. (13) (OBG)
Evans, O. Thomas 611 Harriet St. (10) (ORS)
Ewer, Robert W. 1112-A S. Villa Dr. (14) (IM)

F

Faw, Melvin L. 421 Chestnut St. (13) (CD)
Fenneman, Robert J. ..402 S.E. Seventh St. (13) (OPH)
Ferguson, Stephen C. ..314 Riverside Dr. (13) (HNS)
Fitzsimmons, Samuel L. ..900 S. Boeke Rd. (14) (U)
Follis, C. Gene 701 S. St. James Blvd. (14) (TR)
Franco, James M. 611 Harriet St. (10) (NS)

G

Garland, Edgar A. 606 S. Weinbach (14) (GS)
Gaul, L. Edward (S) 509 Hulman Bldg. (08) (D)
Geller, Samuel R.R. 8, Box 143A (11) (GP)
Getty, William H. 421 Chestnut St. (13) (IM)
Giorgio, Douglas J. ..916 S. Burkhardt Rd. (15) (ANES)
Godwin, Donald W. ...3700 Bellemeade Ave. (01) (PTH)
Gourieux, E. De Verre ..3700 Bellemeade Ave. (15) (GP)
Griep, Arthur H. ...5414 Madison Ave. (15) (CD)
Grimm, William C. H., Jr. ..421 Chestnut St. (13) (IM)
Guckien, Joseph L. 611 Harriet St. (10) (OPH)

H

Hachmeister, Charles W. ..611 Harriet St. (10) (GP)
Hammond, R. Case 611 Harriet St. Apt. 504 (10) (U)
Hare, Daniel M. 611 Harriet St. Apt. 504 (10) (U)
Hargett, Isaac R. 421 Chestnut St. (13) (PD)
Harmon, Thomas R.R. 8, Browning Rd. (11) (R)
Harned, Ben K., Jr. 421 Chestnut St. (13) (GS)
Harris, Robert L. 801 St. Mary's Dr. #305 (15) (P)
Hartley, Clarence A., Jr. ..221 Chestnut St. (13) (GP)
Hartz, F. Minton 7321 Taylor (15) (US)
Hassel, Walter B. 3712 Herndon Dr. (11) (OBG)
Hayes, Thomas P. Deaconess Hosp. (10) (TR)
Healy, Cornelius E. 421 Chestnut St. (13) (PD)
Heimburger, Irvin L. ...611 Harriet St. (10) (GS)
Heinrich, Weston A. ...314 S.E. Riverside Dr. (13) (GS)
Hendershot, Eugene L. 401 SE Sixth St. (13) (R)
Hermayer, Stephen ..220 S.E. Seventh St. (13) (OPH)
Hermann, Harold W. ..1508 Redwing Dr. (15) (OS)
Herrell, Michael A. ..3700 Washington Ave. (50) (PATH)
Herrmann, Gordon T. ...3700 Bellemeade (15) (IM)
Herzer, Clarence C. (S) ...211 East Mill Rd (11) (GP)
Heumann, John E. 611 Harriet St. (15) (ORS)
Higgins, James L. ...524 Martins Lane (15) (GP)
Hilton, Frank L. 326 SE Seventh St. (13) (OBG)
Himebaugh, Gilbert J. ...801 St. Mary's Dr. #307 (15) (GS)
Hitchcock, Philip D. 900 Royal Ave. (15) (GP) (DR)
Hobbs, Arthur A. (S) 715 First Ave. (10) (DR)
Hobgood, James L., Jr. 7526 Taylor Circle (10) (AN)
Hood, Tony E. 600 Mary St. (10) (AN)
Hoopes, Jane M. R.R. 8, Box 95 (11 (PD)
Hoover, J. Guy 611 Harriet St. (10) (GS)
Hovda, Richard B. Box 5366 (15) (R)
Huggins, Victor S. 611 Harriet St. (10) (OBG)

J

Johnson, Stephen L. ..611 Harriet St. #202 (10) (IM)
Johnson, Victor . . . 2301 W. Michigan St (12) (OS)

K

Kandul, Thomas S., Jr. ..3700 Washington Ave. (50) (PATH)
Kauffman, Harley M. (S) ..5607 Newburgh Rd. (15) (P)
Kelly, John B. 421 Chestnut St. (13) (U)
Kessler, Robert B. ..611 Harriet St. #305 (10) (GP)
Kimmel, George E. 458 Martin's Lane (15) (AN)
Kincaid, Robert S. ...7117 E. Cherry St. (15) (ANES)
Kleindorfer, Roscoe L. (S) ..804 S. Rotherwood (14) (GS)
Krueger, Thomas P. 611 Harriet St., #301 (10) (NS)

L

Laubscher, Clarence ..1201 Laubscher Rd. (10) (GP)
Lawler, John F. 421 Chestnut St. (13) (GS)
Lawrence, Joseph C. 611 Harriett St. #401 (10) (ORS)
Lehmann, Dale E., Jr. 8830 Whetstone Rd. (11) (END)
Leibundguth, Henry Box 5166 (15) (ORS)
Lessure, Alfred P. 421 Chestnut St. (13) (R)
Linge, Carl H. 401 SE Sixth St. (13) (DR)
Littell, Andrew H. 101 Court St. #501 (08) (PTH)
Longstaff, John P. 715 First Ave. (P)

M

McCool, Joseph H. 1 Woodmere Lane (11) (P)
McCoy, Melvin H. 2 Woodmere Lane (11) (P)
McDonald, Joseph D. ...4300 Lincoln Ave. (15) (GS)
McElroy, Robert J. 515 Read St. (10) (IM)
Marrese, R. Anthony 611 Harriet St. (10) (ORS)
Marvel, James A. 421 Chestnut St. (13) (A)
Mason, Everett E. 3700 Bellemeade (15) (GP)
Mathews, James R. ...901 S. Meadow Rd. (15) (R)
Miller, LaVerne B. 1421 N. Main St. (11) (GS)
Miller, Marshall S. 421 Chestnut St. (13) (IM)
Mills, Fred E. Deaconess Hospital (10) (PATH)
Mino, Robert A. 903 Edgar St. (10) (GS)
Mitchell, John B. ...Mead Johnson & Co. (21) (PD)
Mok-Ying, Bung 421 Chestnut St. (13) (ORS)
Mok, Lynn C. 8500 Whetstone Rd. (11) (ANES)
Moulton, Lillian G. (S) ...1 N. Barker (12) (CHP)
Mullican, William S. 515 Read St. (10) (CD)
Murphy, Edward U. ..1015 Hulman Bldg. (08) (OPH)

N

Nachnebel, Kenneth L. 611 Harrison St. (10) (GS)
Newman, Kerry J. 540 Audubon Dr. (15) (IM)
Newnum, Raymond L. 801 St. Mary's Dr. #309 (15) (IM)
Newsome, Cola K. 415 E. Mulberry (13) (GP)
Newton, Roger E. 1400 Lark Lane (08) (OBG)
Nicholson, Raymond W. 801 St. Mary's Dr. #200 (15) (FP)
Niedermayer, Alfred J. 960 Washington Ave. (13) (EM)
Nonte, Leo R. 611 Harriet (10) (GS)
Noveroske, Richard J. ...3901 Lincoln Ave. (15) (R)

O

Oswald, Robert H. .326 S.E. Seventh St. (13) (OBG)

P

Pastor, Julius W. 3700 Washington Ave. (15) (ANES)
Pavlick, Theodore J. ..1001 Walnut St. (13) (OPH)
Pemberton, Jack J. 611 Harriet (10) (GP)
Penkava, Robert 611 Harriet (15) (R)
Pontaoe, A. G. 1501 Lincoln Ave. (14) (P)
Porro, Francis W. (S) 3700 Washington Ave. (15) (PTH)
Present, Julian D. 3700 Bellemeade (15) (GP)
Price, Shirley G. 421 Chestnut St. (13) (GS)
Pulcini, John D. 3700 Bellemeade (15) (PS)

R

Radcliff, Forrest F. P.O. Box 5166 (15) (ORS)
Ratcliffe, Albert W. Box 138 (15) (PTH)

Reich, Clarence E. 1209 N. Fulton (10) (GP)
Rietman, H. Jerome 715 First Ave. (10) (P)
Ritchie, William D. 567 Olmstead (11) (PD)
Ritz, Albert S. 3700 Bellemeade (15) (GS)
Robertson, James A.
7209 E. Walnut St. (15) (PATH)
Roe, Taft W. 3700 Bellemeade (17) (OTO)
Rosenblatt, Bernard B. .502 Hulman Bldg. (08) (GP)
Royster, Robert A. ..3700 Bellemeade Ave. (15) (GS)
Royster, George M. (S) 2301 E. Gum (14) (OO)
Rudolph, Kenneth J. ..3700 Bellemeade (15) (OPH)
Rule, Ned P. 611 Harriet St. (10) (U)
Rusche, Herman F.
3700 Bellemeade Ave., #106 (15) (GE)
Rusche, Henry J. 313 W. Iowa (10) (GP)
Rusche, Thomas J. 1421 N. Main St. (11) (N)
Russell, Richard H.
P.O. Box 5184 Lawndale (15) (AN)

S

Salama, Fawzy E. 317 Logwood (10) (U)
Sartore, Gilbert A.
801 St. Mary's Dr. #200 (15) (FP)
Schen, Sanford E. 421 Chestnut St. (13) (CD)
Schimmelphennig, Robert W.
1013 Parrett St. (13) (PD)
Schirmer, Robert H. .1118 W. Franklin St. (10) (GP)
Schneider, Charles P.
2912 W. Maryland St. (12) (GP)
Schriefer, Victor V. 2845 Ravenswood (14) (GP)
Schroeder, Henry R. 611 Harriet St. (10) (OBG)
Sheehan, E. Gregg 421 Chestnut St. (13) (OBG)
Sherwood, Robert W. ..3980 Woodcastle Dr. (11) (PH)
Siegel, Lyle P. 7091 E. Cherry St. (15) (ANES)
Sims, Larry W. 521 Kirkwood Dr. (15) (GP)
Sinn, Charles M. 515 Read St. (10) (IM)
Skaggs, Homer, Jr. ...R.R. 5, Fleener Road (11) (EM)
Slaughter, Howard C. 1001 Walnut St. (08) (OPH)
Slaughter, John C., Jr. 3700 Bellemeade (15) (D)
Slaughter, Owen L. 3700 Bellemeade (15) (IM)
Smith, Gordon L. 715 First Ave. (10) (P)
Smith, Roy M., Jr. ...1307 Stringtown Rd. (11) (GP)
Snively, William D., Jr. ..R.R. 1, Box 277 (12) (PD)
South, Terry A. R.R. 5, Box 287 (11) (GP)
Sowa, Elizabeth 1015 Hulman (08) (OPH)
Sowa, Ronald W. 611 Harriett St. (10) (ORS)
Sprecher, Herman C. 5040 Bellemeade (15) (CRS)
Sterne, John H. Box 5166 (15) (ORS)
Stewart, L. Ray 611 Harriett (10) (R)
Stoller, Leon J. 7116 E. Walnut St. (15) (OBG)
Strueh, Paul E. 220 S.E. Seventh St. (13) (OTO)

T

Talley, Terry W. ..611 Harriet St. #403 (10) (OPH)
Tisserand, John B., Jr. 3700 Bellemeade (15) (D)
Tuholski, James M. ..2404 Pennsylvania St. (21) (PD)
Tweedall, Daniel C. 715 First Ave. (10) (D)

U-V

Ulrey, Robert P. 130 E. Mill Rd. (11) (AN)
Underhill, Gary E. 421 Chestnut St. (13) (PD)
Venables, Albert J. 420 Runnymeade (14) (PTH)
Vincent, William A. 421 Chestnut St. (13) (IM)
VonderHaar, Thomas E. 515 Read St. (10) (IM)

W

Waddell, J. Ronald ..611 Harriet St. #501 (10) (GS)
Walter, Paul A. F. III
2400 Pennsylvania Ave. (21) (OS)
Walter, Robert F. ...1514 S. Kentucky Ave. (14) (FP)
Weathers, William T.
2404 Pennsylvania St. (21) (PD)
Weber, Edgar H. (S) 3008 E. Powell (15) (OM)
Weber, Emil L.
R.R. 8 Box 90, Browning Rd. (11) (NS)
Welborn, Mell B. 421 Chestnut St. (13) (GS)
Welborn, Mell B., Jr. 421 Chestnut St. (13) (TS)
Wilhelmus, Gilbert M.
1028 Washington Ave. (14) (GP)
Wilhelmus, Kenneth 1100 Lincoln Ave. (14) (OM)
Williams, Jack O. 421 Chestnut St. (13) (IM)
Willis, Charles F. ..1100 S. Bedford Ave. (13) (GP)
Willison, George W. 3700 Bellemeade (15) (IM)
Wilson, John D. 3700 Bellemeade (15) (FP)
Wilson, Ralph (S) 517 Mary St. (15) (GP)
Woodward, Ben E. 421 Chestnut St. (13) (ORS)

X-Y-Z

Yim, Young S. 9933 Petersburg Rd. (11) (PTH)
Young, C. Curtis, Jr.
326 S.E. Seventh St. (08) (OBG)
Zeier, Francis G. 421 Chestnut St. (13) (HS)
Ziss, Robert C. 216 S.E. Riverside (13) (IM)

Combs, John H. (S) ..R.R. 3, Bloomfield 47424 (AN)
Lynch, Harold D. (S)
917 Mill St., Mt. Vernon 47620 (HEM)
Braun, Stephen E.
Gateway Clinic, Muncie 47303 (OS)
McCarthy, Joseph C. R.R. 2, Box 708,
Newburgh 47630 (EM)
Spain, W. Thomas R.R. 1, Box 34,
Newburgh 47630 (OBG)
Woodall, Robert L. 1400 North St.,
Washington 47501 (PS)
Zwickel, Ralph E. 400 Darby Dr.,
Newburgh 47630 (IM)

Newman, Alvin E. (S) 2937 Coral Shores Dr.,
Ft. Lauderdale, Fla. 33306 (OS)
Manning, George W. 3500 N. Stadium Blvd.,
Columbia, Mo. 65201 (P)
Meyers, Mark E. 358 Chadwick Place,
Fairborn, Ohio 45324 (FP)
Owen, Hugh T. 1938 Huntington,
Detroit, Mich. 48236 (D)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Visher, John W. (S) 1127 Lincoln #633,
Evansville 47714 (GP)
Loving, Jury B. New Goshen (47863) (GP)

Jett, Clyde W. Seelyville (47878) (GP)
Feliciano, Adoracion D. Shelburn 47879 (GP)

TERRE HAUTE
(Zip Code 478 plus zone number).

A

Anderson, Walter C. (S)
2235 Wabash Ave. (07) (GS)
Ault, Roy J. 3050 Poplar St. (03) (OBG)

B

Bannon, William G. 400 Eighth Ave. (04) (IM)
Bloxdorf, John W. P.O. Box 1468 (08) (PATH)
Blum, Leon L. P.O. Box 1468 (08) (PATH)
Boen, Bradley N. 620 Eighth St. (04) (P)
Bopp, Henry W., Jr. 221 S. Sixth St. (07) (GS)
Boyd, H. Clark 221 S. Sixth St. (07) (GYN)
Bristol, Henry M. 1024 S. Sixth St. (04) (FP)
Bronson, Paul J. (S) ...58 Allendale Place (02) (OBG)
Brown, Robert R. 221 S. Sixth St. (01) (U)
Burkle, Robert J. 2929 S. First St. (02) (ORS)

C

CaJacob, Melville E. (S) ...1000 S. Sixth St. (07) (GP)
Caldwell, Milton V. 6151 Clinton Rd. (05) (R)
Carpenter, Donald J.
600 Sycamore Bldg. (07) (OPH)
Cavins, Alexander W. (S)
R.R. 24, Box 207 (07) (GYN)
Chau, Andrew Y. S. ..1645 N. Seventh St. (04) (GS)
Conklin, James O. 502 Tribune Blvd. (01) (GS)
Connerley, Marion L. ..107 S. Seventh St. (01) (CD)
Conway, Thomas J. 221 S. Sixth St. (07) (PD)
Cristee, James W. 400 Eighth Ave. (04) (IM)
Crockett, Wayne A. 1024 S. Sixth St. (07) (IM)

D

Darrow, Gregory L. 221 S. Sixth St. (07) (US)
Davis, Paul E. 1655 N. Seventh St. (04) (FP)
Dierdorf, Fred W. 103 S. 23rd St. (03) (ANES)
Drummy, William W. 436 S. 30th St. (03) (IM)
Dyer, George W. 2710 Wilson Dr. (07) (GP)

E-F

Edwards, Henry G. 518 S. Seventh St. (07) (U)
El-Issa, Sa'D 3050 Poplar St. (03) (CD)
Enderle, Frank J. 1700 N. Seventh St. (07) (GS)
Ensey, Philip L. 29 Longridge Rd. (02) (FP)
Feliciano, Marcario G. 916 South Fifth St. (07) (ANES)
Freed, John E. 1024 S. Sixth St. (07) (GS)

G

Gerrish, Donald A. (S) ..5206 Clinton Road (05) (GP)
Goodman, Hubert T. (S)
220 Gardendale Rd. (03) (PH)
Gossom, Donn R. 825 N. Third St. (07) (GS)

H

Haslem, John R. 221 S. Sixth St. (07) (GS)
Hetherington, John A. P.O. Box 2013 (02) (NS)
Hogan, Thomas W. P.O. Box 186 (03) (R)
Htain, Min 221 S. Sixth St. (01) (R)
Humphrey, Paul E. ...2631 North Ninth St. (07) (U)
Hunt, Edgar J. (S) R.R. 22, Box 294 (02) (OS)
Hung, Hing Yee 242 Barton Ave. (05) (PTH)

J

Johnson, Edward M. ...1630 Poplar St. (07) (OBG)
Johnson, Paul D., Jr. 822 N. 15th St. (07) (GS)

K

Kabel, Robert N. 2201 Ohio Blvd. (03) (ORS)
Keffer, Harry L. Union Hospital (08) (ANES)
Krieble, William W. 221 S. Sixth St. (01) (IM)
Kunkler, Arnold W. ..1700 N. Seventh St. (04) (GS)
Kunkler, William C. (S) ..1119 S. Center St. (02) (GS)

L

Lai, Edward Ming-Chi P.O. Box 1468 (03) (PTH)
Lancet, Robert O. 221 S. Sixth St. (01) (GP)
Lee, James 465 S. 25th St. (03) (PATH)
Lenyo, Ludimere 400 Eighth Ave. (04) (IM)
Lo, Loretta S. Y.
1645 North Seventh St. (04) (ANES)
Loewenstein, Werner L. 300 College (02) (GP)

M

McAleese, George B. 1024 S. Sixth St. (07) (GS)
McBride, Noel S.
407 Merchants Bank Bldg. (01) (OPH)
McCrea, Fred R. 221 S. Sixth St. (01) (R)
McLaughlin, Gordon C. ..1644 S. 25th St. (03) (PD)
Malone, Leander A. (S) 2511 N. Ninth St. (04) (R)
Mankin, William J. ..1655 N. Seventh St. (01) (OPH)
Manzanares, Austacio F.
2920 Ohio Blvd. (03) (ANES)
Mason, Lester M.
314 Merchants Bank Bldg. (01) (D)
Mattox, Don M. 1700 N. Seventh St. (04) (GS)
Mayrose, Richard 1645 N. Seventh (02) (GP)
Meissel, Robert L. 1655 North 7th St. (04) (FP)
Menke, Wilbur J. 3050 Poplar St. (01) (PM)
Miklozek, John E. 660 Idaho (02) (GP)
Mitre, Isaac N. 1024 S. Sixth St. (07) (OBG)
Moore, Gene D. 2700 S. 25th St. (02) (P)

N-O

Neudorff, Louis G. 221 S. Sixth St. (01) (IM)
Noroozi, Iradj 221 S. Sixth St. (01) (OBG)
Nuval, Augusto J. 7318 Prince Dr. (02) (ANES)

P

Pangan, Jesus F. 221 Sixth St. (01) (IM)
Patel, Pulkit J. 7003 Williamsburg Lane (02) (U)
Pearce, Roy V. 1440 S. 25th St. (03) (GP)
Peterson, Deward D. 221 S. Sixth St. (01) (R)

R

Raney, Robert D. 1024 S. Sixth St. (02) (IM)
Reed, Robert C. Union Hospital (08) (ANES)
Reynolds, Richard J. 650 Idaho (02) (CD)
Richart, James V. (S)
336 Hamilton Drive (03) (GP)
Riggs, Floyd C. (S) 137 S. 24th St. (03) (GP)
Rogers, R. Shirrell 1101 S. Sixth St. (02) (GP)
Rosene, Harold A., Jr. ..25 Woodridge Dr. (03) (ORS)
Rourke, Robert F. 631 S. 25th St. (03) (OBG)

S

Safayan, Esfandiar 221 S. 6th St. (01) (PTH)
Scherb, Burton E. ..1024 South Sixth St. (07) (OPH)

Schumaker, Robert A. 3050 Poplar St. (03) (GP)
Scully, William E. 221 S. Sixth St. (01) (PD)
Shanklin, Vernon A. (S) 15 Circle Dr. (03) (GP)
Showalter, John R. 1223 Maple Ave. (04) (GP)
Shriner, William C. 620 Eighth Ave. (04) (P)
Siebenmorgen, Paul 1024 S. Sixth St. (07) (GP)
Sison, Vicente G. 2929 S. First (02) (US)
Speas, Robert C. 402 Tribune Bldg. (01) (OTO)
Stoelting, J. Lewis ..1724 N. Seventh St. (04) (OBG)
Strecker, William L. 88 Allendale Place (02) (AN)

T-U-V

Topping, Malachi C. (S) ..3050 Poplar St. (03) (ORS)
Veach, William L. 1235 Ohio St. (07) (U)
Voges, Edward C. 702 College Ave. (02) (GP)
Vosika, Edward J. 330 A, R.R. 51 (05) (EM)

W

Weber, Joseph G. S. 723 Wabash Ave. (07) (R)
Weinbaum, Jack G. Box 1468 (08) (PTH)
West, Roger F. 221 S. Sixth St. (01) (PD)
Wheeler, Byron C. 400 Eighth Ave. (04) (IM)
Wilson, Fred L. 1501 S. Third St. (02) (IM)
Win, Tun St. Anthony Hospital (01) (PTH)

X-Y-Z

Zimmer, Henry J. 3055 Poplar St. (03) (OM)

Haslem, Ezra R. 410 N. Second St., Marshall, Ill. 62441 (OS)

WABASH COUNTY

Poehler, Fred C. La Fontaine 46940 (AN)

NORTH MANCHESTER
(*Zip Code* 46962)

Bunker, Ladoska Z. (S) 201 N. Mill St. (GP)
Eiler, Paul A. 1104 N. Wayne St. (GP)
McFadden, Wilbur D. 1104 N. Wayne St. (GP)
Silvers, Michael 1104 N. Wayne St. (GP)

WABASH
(*Zip Code* 46992)

Boaz, William D. 1025 Manchester Ave. (GP)
Dannacher, William D. 400 Ash St. (ABS)
Dunham, Henry H. 1025 Manchester (R)
Ellis, David Lee 101 Shady Lane (AN)
Elward, Carl J. 1025 Manchester (R)
Ferguson, Philip 1025 Manchester, R4 (FP)
Gatzimos, Christos D.
Wabash County Hospital (PATH)
Hanneken, Vincent J. 400 Ash St. (GP)
LaSalle, Richard M. 645 N. Spring St. (FP)
LaSalle, Robert M., Sr. (S) R.R. #4 (GP)
LaSalle, Robert M. ..1025 Manchester Ave. RR4 (GP)
Lyons, Charles R., Jr. Wabash Clinic (US)
Mernitz, Roland B., Jr. 400 Ash St. (GS)
Pearson, William E. (S) 290 N. Wabash (GP)
Rauh, Robert A. 400 Ash St. (GP)
Steffen, Julius T. (S) 443 N. Wabash (GP)
Stoops, Jean T. 400 Ash St. (GP)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

BOONVILLE
(*Zip Code* 47601)

Hoover, Peter B. 223 W. Locust St. (GP)
Martin, Noel J. 214 S. Second St. (EM)
Terry, Robert H. 316 S. Third St. (GP)

Camacho, Ernesto M. Chandler 47610 (GP)
Colvin, Robert C. Newburgh 47630 (GP)

WASHINGTON COUNTY

Tower, Thomas K. Campbellsburg 47108 (CD)
Manship, C. Stanley Box 118, Hardinsburg 47125 (GP)
Carty, Charles B. Pekin 47165 (GP)

SALEM
(*Zip Code* 47167)

Apple, Eddie R. Box 391 (GP)
Castueras, Flor T. Box 430 (GP)
Huckleberry, Irvin E. (S) 502 W. Mulberry (GP)
Martin, Donald L. 304 E. Market St. (FP)
Tadatada, Victor J. 103 E. Market St. (FP)

WAYNE-UNION COUNTIES

Hill, Paul G. (S) Cambridge City 47327 (GP)
Kenyon, C. Emil (S) Cambridge City 47327 (GP)
Barton, Willoughby M. (S) 316 E. Main St., Centerville 47330 (FP)
Hollenberg, Alfred E. Hagerstown 47346 (GP)
Leonard, Dale F. Hagerstown 47346 (GP)
McWilliams, William B. (S) Liberty 47353 (GP)

RICHMOND
(*Zip Code* 47374)

Adney, Frank B., Jr. 1015 South A St. (U)
Ake, Loren 213 Medical Arts Bldg. (GP)
Allen, Robert T. 34 S. Seventh St. (OPH)
Ang, Rosa Uy Tan 3100 Woodgate Way (AN)
Ang, Domingo Lim 3100 Woodgate Way (IM)
Blossom, Paul W. (S) 825 South A St. (GP)
Browning, Charles A. 1350 Chester Blvd. (AN)
Butler, Richard M. 3001 Woodgate Way (DR)
Cabigas, Jose S. 516 Nat'l Road West (GP)
Clarkson, Clarence G. 300 Greenbrier Dr. (FP)
Clemente, Jose P. 4400 South B St. (GP)
Coble, Frank H. 51 S. Eighth St. (OPH)
Cooke, John V. Reid Memorial Hospital (R)
Cox, Leon T. (S) 1210 E. Main St. (GP)
Daggy, James R. 47 South 24th St. (FP)
Darroca, Wm. C. Richmond State Hosp. (P)

Deanovic, Frank W. 1400 Chester Blvd. (D)
Deitsch, Howard 1020 N. J St. (GP)
Dingle, Paul E. 127 Medical Arts Bldg. (OBG)
Ebbinghouse, Tom 98 W. Main St. (GP)
Farmer, Charles R. 1020 N. J St. (GP)
Gibson, Alois E. 1250 Chester Blvd. (ORS)
Guthrie, James R. 100 N. 15th St. (IM)
Harmon, Carl J. (S) 311 Medical Arts Bldg. (GP)
Heckaman, Edward L. Richmond State Hospital (OS)
Hibner, Dan W. 1020 N. J St. (FP)
Hinshaw, Michael A. 1250 Chester Blvd. (GS)
Jeans, Robert F. 1429 Chester Blvd. (P)
Johnson, George M. 1250 Chester Blvd. (GS)
Klepfer, Jefferson F. ..Richmond State Hospital (OS)
Kreitl, Dorothy R. Richmond State Hospital (P)
Lee, Glen Ward 100 N. 15th St. (U)
Lewis, James R. 1250 Chester Blvd. (IM)
Ling, John F. 1250 Chester Blvd. (GP)
Logan, James Z. 1030 N. J St. (ABS)
Loomis, Charles H. 1030 N. J St. (GS)
Mader, John H. 1200 Chester Blvd. (IM)
Miller, Harold L. 1250 Chester Blvd. (ORS)
Millis, Arthur B. 1250 Chester Blvd. (PM)
Paraiso, Antonio Q. ..830 Sim Hodgin Hwy. (OBG)
Park, Byron J. 1250 Chester Blvd. (ORS)
Plasterer, Edward D. 461 S. 28th St. (PD)
Porter, George S. 900 Sim Hodgin Hwy. (OBG)
Ramsdell, Glen A. 1200 Chester Blvd. (PUD)
Rhee, Sae Young 2706 S.E. Parkway (IM)
Rhoads, Paul S. 100 N. 15th St. (IM)
Runge, Paul W. 100 N. 15th St. (IM)
Sage, Charles V., Jr. 48 S. 11th St. (OS)
Schmitt, Robert W. 25 Circle Dr. (P)
Sherer, Kenneth E. 1250 Chester Blvd. (GS)
Shirazi, Enayat K. 2000 Main St., Suite E (OTO)
Short, John A. 4284 S. C Court (ANES)
Snyder, Morris C. 100 North 15th (GP)
Spellmeyer, John C. 1401 Chester Blvd. (R)
Stepleton, John D. ..Reid Memorial Hospital (PATH)
Stilwell, William R. 2607 South C Place (ANES)
Wambo, John M. 920 Whitewater Blvd. (OBG)
Warren, Robert J. 1434 Chester Blvd. (PD)
Warrick, Francis B. 100 N. 15th St. (IM)
Weitemier, Raymond A. 1434 Chester Blvd. (PD)
Wertenberger, Morris D. (S) 779 Greenmount Pike (R)
Wiland, Olin K. ...Reid Memorial Hospital (PATH)
Woodman, Kenneth S. 1250 Chester Blvd. (GS)
Zore, Joseph J. 1434 Chester Blvd. (PD)

Dehner, John R. 2601 N. Pantano Rd., Tucson, Arizona 85715 (R)
Mader, Jon T. Naval Hosp., Dept. Med., Portsmouth, Va. 23708 (IM)
Rodriguez, Agustin R. Pompano Beach, Fla. 33061 (FP)
Shepard, Fred F. (S) .College Corner, Ohio 45003 (GP)

WELLS COUNTY

BLUFFTON
(*Zip Code* 46714)

Bader, Patricia 303 S. Main St. (PD)
Bradley, Louis F. 303 S. Main St. (IM)
Caylor, Charles H. 303 S. Main St. (U)
Caylor, Harold D. (S) 303 S. Main St. (GS)
Caylor, Truman E. (S) 303 S. Main St. (U)
Collins, Jack T. 303 S. Main St. (CD)
Cook, Robert G. 303 S. Main St. (OTO)
Dorrance, Thomas O. 303 S. Main St. (PD)
Eisaman, Jack L. 303 S. Main St. (CD)
Erxleben, Walter O. 303 S. Main St. (IM)
Graf, Russell E. 1110 Highland Park Circle (R)
Kephart, S. Bruce 303 S. Main St. (OBG)
Lohmuller, Herbert W. 303 S. Main St. (IM)
Longacher, Joseph W. 303 S. Main St. (GE)
Luzietti, Richard G. 937 Summit Ave. (IM)
Matzen, Richard N. 301 S. Main St. (PUD)
Mayock, Peter P. 303 S. Main St. (D)
Meier, Donald W. 303 S. Main St. (GS)
Merkle, George W. 303 S. Main St. (FP)
Mock, L. Farrell 303 S. Main St. (ORS)
Mudrony-Szoke, Jeno B. 303 S. Main St. (R)
Nichols, Robert D. 303 S. Main St. (OBG)
Panos, Constantine G. 227 S. Main St. (GP)
Pietz, David G. 303 S. Main St. (GE)
Pitts, Neal C. 303 S. Main St. (RHU)
Prough, Wendell A. 611 W. Market St. (OPH)
Purcell, Lawrence T. 303 S. Main St. (U)
Rumana, Robert 303 S. Main St. (IM)
Shaw, Glenn R. 303 S. Main St. (OBG)
Shinn, Gloria L. 303 S. Main St. (GS)
Shively, Kenneth 303 S. Main St. (GP)
Shroyer, Herbert L. 303 S. Main St. (GP)
Smith, H. Charles 303 S. Main St. (PD)
Stauffer, Dwight L. 803 Sycamore Lane (FP)
Steckbeck, Robert L. 303 S. Main St. (ANES)
Strehler, Don A. 303 S. Main St. (PD)
Talbert, Pierre C. 303 S. Main St. (GS)
Umphrey, James E. 303 S. Main St. (END)
Waksman, Alberto 303 S. Main St. (PATH)
Yoder, Richard P. 303 S. Main St. (IM)

Stevens, Adam C. 203 W. Diamond St., Kendallville 46755 (R)
Gingerick, Charles M. ..Liberty Center 46766 (GP)
Kinzer, LeRoy D. Markle 46770 (GP)
Miller, Gerald L. Markle 46770 (GP)
Hardin, Wayne E. Ossian 46777 (GP)

Irick, Neil E. Hosp. Samuteb BP76, Kapanga Via Lubumbaski, Africa 00100
Johnston, Robert L. (S) 809 Riverside Dr., Melbourne, Fla. 32951 (GE)
Rudy, Donald B. P.O. Mnene, via Belingwe, Rhodesia, S. Africa 00100 (GP)

WHITE COUNTY

MONTICELLO
(*Zip Code* 47960)

Bougher, Gerald R. 209 Condo St. (GP)
Dickerson, W. Martin 1114 O'Connor Blvd. (EM)
Fields, Max L. Western Heights (GP)
Hibner, Nolan A. 222 S. Main St. (GP)
Jehanyar, M. Ali P.O. Box 614 (GP)
McClure, Stanley E. (S)
205 Hillcrest Rd., Oak Park (GP)
Morris, Warren V. 115 W. Marion St. (GP)

Crabbe-Forbes, Violet M. C. Wolcott 47995 (GP)

WHITLEY COUNTY

Minick, Linus J. Whitley at Mulberry,
Churubusco 46723 (GP)

COLUMBIA CITY
(*Zip Code* 46725)

Hamilton, Thomas Box 508 (GP)
Heritier, C. Jules 700 Hill Dr. (GP)
Lehmberg, Otto F. C. (S) .118 E. Van Buren St. (GP)
Reid, Donald B. 2 Hallmark Square (GP)
Vogel, John L. 215 E. Van Buren St. (IM)
Wait, Jerome H. 360 N. Oak (FP)
Wilson, John 122 N. Main St. (FP)

Stalter, Gaylord W. North Webster 46555 (US)
Mishler, Joe B. Box 134, Pierceton 46562 (FP)
Yoder, Dewey D. (S) R.R. 1, Pierceton 46562 (OPH)
Huffman, Verlin P.
201 N. State St., South Whitley 46787 (ABS)
Roth, James R. Wolflake 46796 (GP)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

1975-1976

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IMMEDIATE PAST PRESIDENT	Mrs. Otis R. Bowen	Governor's Residence	Indianapolis 46204

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AMAERF TREASURER	Mrs. W. C. Luther	3006 E. Lake Dr. S.	Elkhart 46514
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FAMILY HEALTH	Mrs. Dan Drew	416 W. 8th St.	Jasper 47546
HEALTH EDUCATION	Mrs. Harry L. Keffer	R. R. 13, Box 295	W. Terre Haute 47885
INTERNATIONAL HEALTH	Mrs. Rudsen Bueser	1315 Forest Hills Dr.	Vincennes 47591
LEGISLATION	Mrs. Richard E. Lahr	815 Jeffras Ave.	Marion 46952
MEDICAL CARE INSURANCE	Mrs. Malcolm O. Scamahorn		Pittsboro 46167
WASAMA LIAISON	Mrs. Herbert Egbert	419 W. 63rd St.	Indianapolis 46260
WASAMA LIAISON ASST.	Mrs. Keith Ruddell	1201 Golden Hill Dr.	Indianapolis 46208

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	Dr. G. Beach Gattman	1319 Lawn Ave.	Elkhart 46514

MEMBERSHIP ROSTER—BY COUNTIES

ALLEN COUNTY

Bluffton

(*Zip Code* 46714)

Buckner, Mrs. Joy P.O. Box 87

Fort Wayne

(*Zip Code* 46805 *unless otherwise indicated.*)

A

Adams, Mrs. E. Wade 1902 Forest Park Blvd.
Aiken, Mrs. Arthur F. ...8331 Waterswolde (25)
Aiken, Mrs. Nevin E. 5540 N. Clinton St.
Aldred, Mrs. Allen W. ...3636 Rosewood Dr. (04)
Andrew, Mrs. Jerald R.R. 4, Dodane Rd. (09)
Arata, Mrs. Justin E. 224 Ludwig Rd. (25)
Arford, Mrs. John 10526 Morning Mist (04)
Ashman, Mrs. William C. 1018 Kinnaird (07)
Aust, Mrs. Charles H. ..6006 W. Hamilton Rd. (04)

B

Ball, Mrs. John R. ..13434 Abonite Center Rd. (04)
Baltes, Mrs. Joseph H. 1309 Sunset Dr. (07)
Barch, Mrs. John W. 4921 Desoto Dr.
Bash, Mrs. Stephen E. 4623 Stratford Rd. (07)
Bauman, Mrs. Richard L. ..5219 Langsdon Pass (05)
Beams, Mrs. Ralph ..5709 Tomahawk Trail (04)
Becker, Mrs. L. E. R.R. 7, Jimson Dr. (16)
Beights, Mrs. Raymond 4505 Fairlawn Pass
Bergendahl, Mrs. Emil 1202 Illsley Dr. (07)
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Bierman, Mrs. Gilbert H. 1732 Hadley Rd. (04)
Billingsley, Mrs. John 4720 Crestwood Dr. (07)
Bixler, Mrs. J. A. 5220 Corydon Court (15)
Blichert, Mrs. Peter A. .449 W. Sherwood Terrace (07)
Bolander, Mrs. J. E. 8415 Fantasia Way (05)
Bollheimer, Mrs. Donald A.
6725 Woodbridge Dr. (04)
Borders, Mrs. Theodore R. 1802 Nevada St.
Bossard, Mrs. John W. 1611 Alabama
Bower, Mrs. Richard E. ..7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W. 7916 Covington Rd. (04)
Brandt, Mrs. William ..4500 N. Washington Rd. (04)
Braunlin, Mrs. Robert J. 3610 Kirkwood Cr. (05)
Bridges, Mrs. W. Lloyd .207 Southridge Rd. (25)
Bromley, Mrs. Luman W.
1225 W. Sherwood Ter. (07)
Brucker, Mrs. Perry A. 2933 Kingsley Dr.
Bruggeman, Mrs. H. O. ..1202 W. Washington Rd. (05)
Bryan, Mrs. Franklin A. 3006 Devon Dr.
Buchholz, Mrs. J. G. 2818 Little Turtle Tr. (04)
Buckner, Mrs. Doster 2710 Bosworth Dr.
Buckner, Mrs. George D. 4327 Hampshire Dr.

C

Carr, Mrs. W. B. 6139 Monarch Drive
Cast, Mrs. William ..4601 N. Washington Road (04)
Chambers, Mrs. Alan 1404 Three Rivers Apts. East (02)
Chambers, Mrs. Donald 4030 S. Harrison (07)
Clark, Mrs. William R. Jr.
1015 W. Sherwood Terrace (07)
Clark, Mrs. Wm. R. 4002 S. Harrison (07)
Connelly, Mrs. Jerry 3321 Glencairn
Connelly, Mrs. Richard D. 3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cooper, Mrs. B. Trent 12815 U.S. 24W (04)
Cottrell, Mrs. Robert F. ..5125 Worthman Ct. (07)
Craig, Mrs. Richard M. 4701 Covington Rd. (04)
Cuff, Mrs. Steve C. 10406 Mohawk Ct. (04)
Culp, Mrs. J. E. 4701 Covington Rd. (04)

D

Datzman, Mrs. Richard 2722 Roscommon
Dauscher, Mrs. Dean D. 5303 Cresthill Dr. (04)
Donesa, Mrs. Antonio B. 4023 Spanish Trail
Dormire, Mrs. Robert D. ...4909 Chaucer Dr. (15)
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (06)
Dyer, Mrs. John K. 8805 Fortuna Way (05)

E

Emme, Mrs. Richard W. .4429 Imperial Park Dr. (15)
Epps, Mrs. James H. 2935 Devon Dr.

F

Fahey, Mrs. Philip 4805 Insbruck Dr. (15)
Felger, Mrs. Thomas 310 East Fleming Ave.
Fiacable, Mrs. Joseph P. .5626 Dartmouth Dr. (25)
Flaherty, Mrs. Robert 1835 Forest Park Blvd.
Foy, Mrs. Thomas 3635 Delray Dr.
Franke, Mrs. Gordon R. ..6216 Midwood Dr. (15)

Frankhouser, Mrs. C. M. .1518 Woodmore Dr. (04)
Fullam, Mrs. Richard 4159 Woodstock
Furtado, Mrs. Robert 2606 Palisade Dr. (06)

G

Gallagher, Mrs. Daniel 265 E. Hoover (16)
Gastineau, Mrs. David C. .8203 Westridge Rd. (25)
Gerding, Mrs. William J. ..1721 Forest Park Blvd.
Giffin, Mrs. Charles 7939 Scottwood Court (04)
Gilbert, Mrs. Al 1815 Benham Dr. (05)
Gize, Mrs. Raymond 1810 Forest Valley Drive
Glassley, Mrs. Stephen 6950 Stellhorn Rd.
Glock, Mrs. Maurice E. ..1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R. 3427 Amulet Dr. (02)
Goebel, Mrs. Carl W. 4102 S. Harrison (07)
Green, Mrs. Robert F. ..4429 W. Hamilton Rd. (04)
Greenlee, Mrs. Robert L. 3344 Sanibel Dr.
Greist, Mrs. Walter D. 4809 Arlington (07)
Griffith, Mrs. Harold R. ..1913 Forest Park Blvd. (05)
Gumbert, Mrs. Jack L. ..10810 Old Colony Rd. (25)

H

Hackett, Mrs. Walter G. ..5208 W. Hamilton Rd. (04)
Haffner, Mrs. Herman G. ..3606 Mulberry Rd. (04)
Haley, Mrs. Alvin J. 6001 Ranger Trail (15)
Hall, Mrs. William R. 8721 Fortuna Way
Haller, Mrs. Richard C. ..229 W. Wallen Rd. (25)
Hamilton, Mrs. Emory D. 2405 Florida Dr.
Hamilton, Mrs. George 4531 Highwood Dr.
Harris, Mrs. James J. 6126 Graymoor Lane (15)
Hasewinkle, Mrs. A. 6408 S. Calhoun (07)
Hastings, Mrs. Warren C. 1822 Kensington Rd.
Havens, Mrs. Russell E. 3721 Inwood
Hayhurst, Mrs. Thomas E. ..6836 Penmoken Dr. (06)
Herendeen, Mrs. Thomas L. .13202 Hardesty Rd. (25)
Hershberger, Mrs. Philip G. .2737 Club Terrace (04)
Hickman, Mrs. Donald M. . 4730 Druid Hills Dr. (15)
Hicks, Mrs. Tom 6121 Cordova Ct. (05)
Hill, Mrs. James S. 1002 Prange Drive (07)
Hillery, Mrs. Robert 3513 Kirkland Lane
Hoffman, Mrs. Arthur F. ..3619 Harris Rd. (08)
Hoog, Mrs. John M. 1617 Kensington Blvd.
Hoover, Mrs. Joseph 415 Blake Dr. (08)
Howe, Mrs. Fordyce L. 2540 Springfield
Hull, Mrs. DeWayne L. 3511 Delray

I & J

Isenogle, Mrs. Kenneth ..11118 Kings Crossing (25)
Jackson, Mrs. John F. ..5315 Cloverbrook Dr. (06)
Jensen, Mrs. Robert E. 6406 Wayota
Johnson, Mrs. Phil 4926 Midlothian (15)
Johnston, Mrs. Richard 9962 Diebold Rd. (05)
Jontz, Mrs. Joseph 8307 Westridge (25)
Jontz, Mrs. Richard L. 5314 Damask Dr.
Juergens, Mrs. Richard 8233 Parkridge (25)
Jurgensen, Mrs. Walter T. .6842 Blue Mist Road (19)

K

Kachmann, Mrs. Rudy A. 1848 Forest Park Blvd.
Kammeyer, Mrs. William A.
7611 Westminster Dr. (15)
Karol, Mrs. Herbert J. 1725 Ardmore (04)
Kaufman, Mrs. Julian R. ..5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A. 4633 Crestwood (07)
Kempler, Mrs. Norman 5120 Indiana Ave. (07)
Kent, Mrs. Richard N. 1515 Hickory St.
Kilgore, Mrs. Byron 3110 Glencairn Dr.
Kim, Mrs. Y. H. 6110 Manchester Dr. (05)
Kimbrough, Mrs. Robert ..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A. 4602 Tacoma (07)
Kleopfer, Mrs. Ronald G. 6321 Sharon Dr. (25)
Klooze, Mrs. Kenneth W. 723 W. Packard (07)
Knight, Mrs. Lewis W. 3502 Glencairn Dr.
Krueger, Mrs. John 4910 Midlothian Rd. (15)

L

Ladig, Mrs. Donald S. 2720 Fairfield (07)
Laker, Mrs. Gene C. 1412 Hawthorne Rd. (04)
Laker, Mrs. Richard J. 1244 W. Rudisill (07)
Lampe, Mrs. Elfred H. ..4255 Hartman Rd. (07)
Lasalle, Mrs. Bill 1803 Forest Park Blvd. (05)
Laycock, Mrs. Richard 4909 Midlothian (15)
Lee, Mrs. John W. 5421 Glenrose Dr.
Lloyd, Mrs. Robert P.
3838 N. Washington Rd. (04)
Logan, Mrs. Richard S. 5225 Vance
Lohman, Mrs. Robert M. .1320 Westover Rd. (07)
Luckey, Mrs. J. E. 1738 Kinross (05)
Lyster, Mrs. Richard F. 3512 Maxim Dr.

M

McArdle, Mrs. Michael 3424 Cherry Lane (04)
McCallister, Mrs. John W. ..4215 Drury Lane (07)
McCaslin, Mrs. D. L. ..7638 Hope Farm Road
McDowell, Mrs. George A. ..2322 Forest Park Blvd.
McEachern, Mrs. Cecil 4242 Old Mill Rd. (07)
Maldia, Mrs. Godofredo M. ..8717 Manor Dr. (25)
Mann, Mrs. R. E. 1316 Old Lantern Trail (25)
Manning, Mrs. George 4115 Indiana Ave. (07)
Mastrangelo, Mrs. Michael J.
1914 Kensington Blvd.
Mensch, Mrs. James R. 2120 Forest Park Blvd.
Mercer, Mrs. S. R. 3235 N. Washington Rd. (04)
Meyer, Mrs. Theo. O. 3728 Kirkwood
Michaelis, Mrs. Stephen C. ..1255 Korte Lane (07)
Miller, Mrs. Don E. 2503 Palisade Dr. (06)
Miller, Mrs. E. D. 205 Farmstead Rd. (25)
Miller, Mrs. Orval J. 1810 Kensington
Miller, Mrs. Richard 5516 Indiana (07)
Miller, Mrs. William 2620 E. Capitol Ave. (06)
Moats, Mrs. Carl F. .3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C. .4723 St. Joe Center Rd. (15)
Morey, Mrs. Edwin 6841 Bluemist Rd. (09)
Morgan, Mrs. Milton M. .8214 Park Ridge Dr. (25)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H. 5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (04)
O'Brian, Mrs. John F. 8757 Maysville Rd.

P

Painter, Mrs. Donald ...5248 Stonehedge, Apt. 2 (15)
Pancner, Mrs. Ronald J.
3170 Briar Brook Lane (04)
Parrot, Mrs. Donald J. 4926 Chaucer (15)

Patterson, Mrs. Jack W. 8914 Maravilla Dr.
Pepple, Mrs. W. David ..5233 Stone Hedge Blvd. (15)
Perrin, Mrs. Kermit F. 2828 Lake Ave.
Pickett, Mrs. Merle E. 4509 Trierwood
Popp, Mrs. Milton F. 3148 Parnell Ave.
Priddy, Mrs. Marvin 3902 Bonita Place

R

Ramaprakash, Mrs. H. N. 2627 Stardale Dr. (16)
Rank, Mrs. Wm. B. 1704 Old Lantern Trail (25)
Reed, Mrs. John D. 3940 Dalewood Dr.
Reszel, Mrs. Paul A. 7507 Schwartz Rd. (15)
Richards, Mrs. A. D. 10102 Circle Drive (04)
Richardson, Mrs. Joseph H. 8726 Fortuna Way
Rissing, Mrs. Walter J. 3200 Irvington
Romain, Mrs. Louis 913 Three Rivers E. (02)
Rothberg, Mrs. Maurice ..4319 Hartman Rd. (07)
Rousseau, Mrs. John W. 3018 Devon Dr.
Rusher, Mrs. M. W. 5116 Ivy Brook Ave. (15)

S

Salon, Mrs. Joel 4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L.
3505 N. Washington Rd. (04)
Sarver, Mrs. Francis E. 4629 Tacoma (07)
Scheeringa, Mrs. Ronald H.
7122 W. Hamilton Rd. (04)
Schlademan, Mrs. Karl R. ..5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert ..4820 Midlothian (15)
Schlueter, Mrs. David P. 4002 Dalewood Drive
Schmidt, Mrs. Eugene E. 1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J. 605 W. Fairfax (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L. 5519 S. Wayne (07)
Schubert, Mrs. Jerome C.
10725 Old Colony Rd. (25)
Scudder, Mrs. James 1619 Forest Park Blvd.
Shinabery, Mrs. Lawerence
212 Three Rivers North (02)
Shriner, Mrs. Philip O. ..10169 St. Joe Road (15)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W. 6309 Popp Rd. (25)
Sidell, Mrs. James 3912 Bonita Pl.
Silvero, Mrs. Hubert L. 7102 Antebellum Bl.
Sirlin, Mrs. E. M. 2615 Trier Rd.
Smith, Mrs. C. Curtis 5134 Vance Ave.
Smith, Mrs. Philip L. 5416 South Wayne (07)
Smith, Mrs. Roger C. 7005 Winnebago
Snyderman, Mrs. Sanford C. R.R. 6 (04)
Sorg, Mrs. D. A. 4730 Druid Hills Dr. (15)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (06)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C. 3924 Spanish Trail
Steigmeyer, Mrs. David J. 6809 Woodcrest
Stier, Mrs. Paul ..R. R. 6, 13120 Ravine Trail (04)
Stovall, Mrs. Alfred 4211 Woodstock Dr.
Stucky, Mrs. Jerry L. 4167 Woodstock Ave.
Sugarman, Mrs. Don 13207 Ravine Trail (04)
Sullivan, Mrs. Robert E. ...4925 Midlothian Dr. (15)

T

Tennant, Mrs. David L. 4802 Calumet (06)
Terrill, Mrs. Richard 4727 Old Mill Rd. (07)
Thomas, Mrs. J. R. 3036 Tonawanda
Thompson, Mrs. Samuel ..1325 Old Lantern Tr. (25)
Thong, Mrs. S. H. 2821 Hazelwood (05)
Tielker, Mrs. R. E. 2620 Terrace Rd. (05)
Tomusk, Mrs. August N. ...1620 Forest Park Blvd.
Towles, Mrs. J. H. 4231 Boca Trail (05)
Trier, Mrs. Herbert P. 1618 Forest Park Blvd.
Tunnell, Mrs. Harry D. III 1605 Randalia
Tyndall, Mrs. J. Phillip 3306 Rockwood Dr.

U-V

Vogel, Mrs. Lloyd A. ...4819 Midlothian Dr. (15)
Voorhees, Mrs. Robert J. ..2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr. ..4105 Dalewood Dr.
Walker, Mrs. Floyd 1202 Forest Ave.
Wallace, Mrs. Collins R. 126 Timber Lane
Wick, Mrs. Alfred A. 2320 Springfield Ave.
Willis, Mrs. Robert, Jr. 4701 Covington Rd. (04)

Z

Zweig, Mrs. Elmer S. 2015 Pemberton

New Haven
(*Zip Code* 46774)

Dahling, Mrs. C. Wallace ...Carefree Farms, R.R. 2
Dahling, Mrs. Fred W. R.R. 1, Box 9A
Hoetzer, Mrs. Eldore M. 724 Doyle Rd.
Stumpf, Mrs. Edwin E. 1316 Werling Rd.

Gentile, Mrs. J. Paul R.R. 1, Grabill (46741)
Mackel, Mrs. Frederick
R.R. 1, Huntertown (46748)
Harless, Mrs. O. Fred Monroeville (46773)
Graham, Mrs. James C. .. R.R. 2, Roanoke (46783)
Senseny, Mrs. Eugene F. ...R.R. 2, Roanoke (46783)
Schlegel, Mrs. Edward ..2009 Freize Ave., Ann Arbor, Mich. (48104)
Tritch, Mrs. Dan L.
4114 Spotswood Tr., San Antonio, Tex. 78230

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Mrs. Walter R.R. 2
Andrews, Mrs. Frederick B. ...3531 Mockingbird Dr.
Beggs, Mrs. Lowell F. 2733 Riverside Dr.
Berkshire, Mrs. Shaffer B. 314 Flat Rock Dr.
Brueggemann, Mrs. George W. ..R.R. 9, Wood Lake
Bush, Mrs. Robert 2655 Chestnut
Chadwick, Mrs. Michael J. 3384 Woodland Pkwy
Cooper, Mrs. W. E. 303 Flat Rock Dr.
Daugherty, Mrs. Forest D. R.R. 1, Indian Hills
Davis, Mrs. Marvin R. ...2300 N. Washington St.
Dugan, Mrs. Thomas 2661 18th St.
Echsner, Mrs. Herman 300 Tipton Lane
Fisher, Mrs. Walter S. 3450 Nugent
Fortner, Mrs. Roy E. R.R. 2

Franz, Mrs. Sherman**4206 Riverside**
Frederick, Mrs. Terry L. 3839 Waycross Dr.
Free, Mrs. Susan Windsor Lane—Amberley
Gammell, Mrs. Lindley L.**602 22nd St.**
Greenwood, Mrs. Charles 3250 Heritage Rd.
Gregory, Mrs. David L. 3530 Deerfield Pl.
Hart, Mrs. Robert B.**1203 16th St.**
Hauersperger, Mrs. Alfred D. ..4450 N. Riverside Dr.
Henry, Mrs. Alvin L.**1926 Lafayette Ave.**
Herrberg, Mrs. Jerome 2930 Camelot Lane
Holdread, Mrs. Jon R.R. 9, Harrison Hills
Jacobs, Mrs. Robert R.R. 6
James, Mrs. Carroll**2634 Chestnut**
Larson, Mrs. David 2102 Lafayette
McCullough, Mrs. Henry R.R. 4
Macy, Mrs. George W.**2335 Riverside Dr.**
Marr, Mrs. Griffith Marr Rd., R.R. 1
Mohler, Mrs. Floyd W.**308 Sunset Dr.**
Moore, Mrs. Don 4375 N. Riverside
Nelson, Mrs. Bryan 3900 Saddle Dr.
O'Brien, Mrs. David 3272 Beech Dr.
O'Bryan, Mrs. Richard B.**3306 Grove Parkway**
Pearce, Mrs. Wm.**1601 Hunter Place**
Probst, Mrs. Edward L.**1920 Franklin St.**
Ranck, Mrs. Benjamin A.**3370 Grove Parkway**
Rau, Mrs. Charles A.**1312 Audubon Dr.**
Reid, Mrs. Robert M.**2712 Lafayette Ave.**
Richmond, Mrs. Harold W.**1725 Washington**
Rodway, Mrs. John 4313 Washington
Ryan, Mrs. C. David**4340 N. Riverside Dr.**
Ryan, Mrs. Wm. J.**3224 Grove Parkway**
Sandlin, Mrs. Donald L. R.R. 6
Schmitt, Mrs. Richard K.**2639 Riverside Dr.**
Schneider, Mrs. Kenneth D. ..**4250 N. Riverside Dr.**
Sebehar, Mrs. Duane A. 4385 Riverside Dr.
Stribling, Mrs. James L. Rt. 9
Tarry, Mrs. Kirby B. R.R. 9, Harrison Lake
Walker, Mrs. G. D. 2729 Riverside Dr.
Weinland, Mrs. George C. R.R. 9, Harrison Lake
Weisenberger, Mrs. Brockton 3640 Woodside Dr.
Willhite, Mrs. Larry G. 4232 Riverside Dr.
Williams, Mrs. E. W.**1815 Park Valley Dr.**
Wissman, Mrs. William**2537 Riverside Dr.**
Yahnke, Mrs. David 2945 Washington St.

Pope, Mrs. W. Dean R.R. 2, Edinburg (46124)
Hawes, Mrs. Marvin E. Rt. 1, Hope (47246)
Seibel, Mrs. Robert**Box 127, Nashville (47448)**

BOONE COUNTY

Lebanon
(*Zip Code* 46052)

Boyer, Mrs. Don 210 E. Drive
Coons, Mrs. Ritchie**138 Ulen Blvd.**
Fisher, Mrs. Gerald**324 W. North St.**
Honan, Mrs. Paul**202 East Dr.**
Kern, Mrs. Clarence G. 2203 Center Dr.
McAfee, Mrs. James**1997 Terrace Lane**
Mukhtar, Mrs. Fuad 126 Ulen Blvd.
Saalwaechter, Mrs. John 210 Terrace Lane

CARROLL COUNTY

Delphi
(*Zip Code* 46923)

Baker, Mrs. Eldon E. R.R. 4, Box 144
Petry, Mrs. T. Neal**130 W. Summit St.**
Seese, Mrs. Robert M.**201 W. North St.**
Wagoner, Mrs. Geo. W.**305 W. Summit St.**

Eller, Mrs. Alvan R.R. 1, Bringhurst (46913)
Wise, Mrs. Charles Camden (46917)

CASS COUNTY

Logansport
(*Zip Code* 46947)

Bean, Mrs. Joseph S. 431 Greenlawn Dr.
Brewer, Mrs. Robert A. 803 E. Broadway
Eckert, Mrs. Russell A.**15 Frederick St.**
Frederick, Mrs. Joseph 2525 High St. Rd.
Glendening, Mrs. Richard L.**2300 Broadway**
Hall, Mrs. Bernard R.**3400 E. Broadway**
Hargrove, Mrs. Terry 3711 Henry Dr.
Hedde, Mrs. Eugene 2304 Chase Rd.
Hillis, Mrs. L. J.**2410 Hastye Hyll**
Horning, Mrs. Richard R. ..**Logansport State Hosp.**
Jones, Mrs. J. Carl R.R. 3
Karnafel, Mrs. Eugene T. R.R. 2, Box 80
King, Mrs. Jay M.**2319 Mayfair Dr.**
Luxenberg, Mrs. Edwin R. 2400 E. Broadway
Mamaril, Mrs. B. F.**3715 Henry Drive**
Maschmeyer, Mrs. R. H. ..**Logansport State Hosp.**
Morrical, Mrs. Russell J.**415 Highland**
Peddicord, Mrs. Clifford 4605 S. Shady Lane
Vizcarra, Mrs. Ruben F.**2716 Northwood Dr.**
Williams, Mrs. Earl K.**1214 E. Broadway**
Wilson, Mrs. Paul H.**2600 Hastye Hyll**

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Mrs. Eli**333 Oriole Dr.**
Horlander, Mrs. Fridolin**Stacy Road**
Jones, Mrs. David**State Rd. 403**
Martin, Mrs. T. Harold Rt. 2, Box 282
Voskuhl, Mrs. William L.**Redbud Dr.**

Clarksville
(*Zip Code* 47131)

McKechnie, Mrs. Robert K. ..**1554 Blackiston Mill Rd.**
Mayhue, Mrs. H. Wayne 200 N. Howard Ave.
Millan, Mrs. Joselito L.**1707 Driftwood Dr.**
Mudd, Mrs. Joseph**103 Rosewood Dr.**
Neathamer, Mrs. Thomas**1548 Briarwood Dr.**
Ramos, Mrs. Leonardo 102 W. Lynwood Dr.
Willner, Mrs. Alan**214 Rosewood Dr.**
Wolverton, Mrs. George**115 Rosewood Dr.**

Jeffersonville
(*Zip Code* 47130)

Buckley, Mrs. Ernest**1469 E. 8th St.**
Cannon, Mrs. David R. 109 Pensive Rd.

Clark, Mrs. William B. 435 Spring St.
Fultz, Mrs. Roy L. 55 Sycamore Dr.
Golden, Mrs. Wm. Y. 1929 Utica Pike
Gutman, Mrs. Gordon ..R. R. 3, Blackiston Mill Rd.
Hargett, Mrs. Herbert P. 2304 St. Andrews Rd.
Havens, Mrs. A. Lyle 1934 Utica Pike
Huoni, Mrs. John Youngstown Shop Ct.
Isler, Mrs. Nathaniel C. 901 Morningside Dr.
Jimenez, Mrs. Pedro 727 Martha Dr.
Johnson, Mrs. Jerome M. ...922 Nachand Ln., Apt. 1
Oca, Mrs. Clemente F. 2101 Utica Pike
Reed, Mrs. Edsel 4 Pawnee Dr.
Riehl, Mrs. Richard 55 Wildwood Road
Tomlin, Mrs. Jerrold E. 1819 East Park Place
Torres, Mrs. Jose 62301 Augusta Dr.

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J. 225 W. Utica St.
Regan, Mrs. George 7917 Highway 31W
Robertson, Mrs. Robert E. 615 W. Utica St.
Sturgis, Mrs. Donald G. 542 Linnwood
Vandevert, Mrs. Arthur 202 Highland

Carr, Mrs. Joseph H., Pine Rd., Henryville 47126
Greene, Mrs. W. R. Henryville 47126
Archangel, Mrs. C. S. 310 Castleview Dr. Louisville, Ky. 40207
Bizer, Mrs. Mier 502 Country Lane, Louisville, Ky. 40205
Cosio, Mrs. Julio ..104 Lyndon Lane, Louisville, Ky. 40222
Duque, Mrs. Fausto ..714 Fairhill Dr., Louisville, Ky. 40207
Heideman, Mrs. David
6203 Innes Trace Rd., Louisville, Ky. 40222
John, Mrs. Maurice E. Jr. 1000 Alta Vista Rd. Louisville, Ky. 40205
Matibag, Mrs. Victor P. 9202 Tiverton Way Louisville, Ky. 40222
McCloud, Jr., Mrs. L. C. 7607 Wesleyan Place Louisville, Ky. 40222

DELAWARE-BLACKFORD COUNTIES

Hurley, Mrs. John ..P.O. Box 545, Daleville 47334
Puterbaugh, Mrs. Karl Albany 47320
Montgomery, Mrs. Lall G.
R. R. 1, Box 202, Gaston 47342
Willman, Mrs. Joe R.R. 1, Gaston
Egger, Mrs. Ross
R.R. 1, Box 182, Middletown 47356
Owsley, Mrs. Guy ..The Oaks, Hartford City 47348

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B. 4608 W. Jackson St.
Alexander, Mrs. Jack 2301 Audubon
Alvey, Mrs. Charles R. 3830 University Ave.
Ashburn, Mrs. Clarence 2202 W. Purdue Rd.

B

Ball, Mrs. Philip R.R. 9, Box 301-A, Old School Farm (02)
Benken, Mrs. Lawrence 11 Hampshire
Baltzer, Mrs. Donald 2007 Twickingham Dr.
R.R. 11, 4900 Hamilton Lane (02)
Bergwall, Mrs. Warren 20 Burnell Dr.
Berner, Mrs. H. W. 3909 Peachtree Ln. (02)
Border, Mrs. John F. R.R. 6, Box 192 (02)
Botkin, Mrs. Thomas
R.R. 11, 4900 Hamilton Lane (02)
Brown, Mrs. Leland 605 Waid Ave.
Brown, Mrs. Stewart D. 19 Hickory Rd. (03)
Brown, Mrs. Thomas R.R. 6, Box 191 (02)
Burwell, Mrs. S. W. 3124 W. Gilbert St. (04)

C

Carter, Mrs. Arnold 3400 Bowman
Clark, Mrs. Robert 3124 University Ave.
Cooley, Mrs. Paul P. 3003 Oaklyn
Coulon, Mrs. Thomas 1604 Brentwood
Covalt, Mrs. Wendell E. 304 Alden
Cullison, Mrs. John 2601 Parkway Dr.

D

Dersch, Mrs. David 305 Greenbriar
Dietz, Mrs. David J. 1713 Brentwood Lane
Dowell, Mrs. Anthony 1709 Forrest Ave.
Dunning, Mrs. Thomas ...3301 N. Tillotson Ave.
Dutchman, Mrs. William R. 1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick 308 Wildwood

G

Geckler, Mrs. Charles E. ..1007 W. North St. (03)
Gibson, Mrs. Robert 2306 Timber Lane
Gill, Mrs. Thomas 3502 Petty Rd.
Goodell, Mrs. Charles 5 Briar Rd.
Gray, Mrs. Stuart 3851 University
Gray, Mrs. Wayne 31 Warwick Rd.
Gustafson, Mrs. Milton H. ...230 Stradling Rd.

H-I

Habansky, Mrs. Alan 1709 Brentwood Ln.
Hall, Mrs. Robert S. R.R. 9, Box 305 (02)
Hayes, Mrs. T. R. 19 Warwick Rd.
Henderson, Mrs. Ramon 1101 Tyrone Dr.
High, Mrs. Ralph 2825 University Ave.
Hollingsworth, Mrs. Thomas R.R. 8, Box 323R
Imhof, Mrs. J. D. 46 Warwick Rd.

K

Kalker, Mrs. Morton 704 Greenbriar Rd.
Ko, Mrs. Richard 3315 Cornwall
Koch, Mrs. Edwin F., Jr. 915 University Ave.
Koss, Mrs. William 707 Greenbriar Rd.
Kress, Mrs. J. W. 2610 Redding Rd.

L

Lawson, Mrs. Lawrence 3117 Petty Rd.
Leiphart, Mrs. Charles E. 1716 Forest Ave.

M-N

McClintock, Mrs. James 3121 University
McConnell, Mrs. Thomas 615 Catalpa (04)
Montgomery, Mrs. Ralph 500 Green Briar Rd.
Miller, Mrs. Stephen R.R. 8, Box 456
Moore, Mrs. Jack 2306 Park Lane
Morton, Mrs. William 1708 Forest
Nelson, Mrs. Harold E. 1905 Norwood Dr.
Newnam, Mrs. Philip R.R. 8, Box 331 (02)

O

Osborne, Mrs. John 3119 Petty Road

P-Q

Peacock, Mrs. Robert R.R. 3 (02)
Pell, Mrs. Donald 35 Briar Rd.
Pippinger, Mrs. Joseph .. 2200 Twickingham Dr. (02)
Polcz, Mrs. George 4604 Cardinal Dr.

R

Reedy, Mrs. Richard R.R. 6, Box 190 (02)
Rivers, Mrs. Glynn 501 McKenzie (04)
Roch, Mrs. Marshall 1720 E. Robinwood Lane
Rudicel, Mrs. Max R.R. 6, Box 193 Isanogle Road

S

Schulhof, Mrs. M. G. 710 Riley (04)
Searight, Mrs. Howard ..4312 Burlington Drive (02)
Shaw, Mrs. Mathew R.R. 7, Box 240 (02)
Snyder, Mrs. Richard 2303 Woodbridge (04)
Songer, Mrs. Joseph ..11 Connie Dr. Brindale Woods
Speck, Mrs. Carlson 3208 University
Stanley, Mrs. John R. 2303 Redding (02)
Stibbins, Mrs. Warren E. 609 Brentwood
Stout, Mrs. Francis E. 106 Riley Rd.

T

Taylor, Mrs. Donald 2901 Wheeling Ave.
Tharp, Mrs. Donald 3121 Petty Rd.
Tharp, Mrs. John 2214 Twickingham Dr.
Tomlin, Mrs. Hugh M. 2920 Beechwood Ave.
Tuason, Mrs. Ricardo M. 7 Elizabeth Ave.

V

Voss, Mrs. Gert 77 Warwick Rd.
Ware, Mrs. Herbert 1700 Glen Ellyn
Weisner, Mrs. Richard, R.R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland 1704 Brentwood

Y

Yarling, Mrs. John 2901 N. Tillotson
Young, Mrs. G. S. 114 Berwyn Rd.

Cooper, Mrs. John H. R.R. 1, Eaton 47338
Hinchman, Mrs. Jean Parker 47368
Jay, Mrs. Arthur R.R. 1, Box 387 Parker 47368
Greiber, Mrs. Marvin F.
1610 N. Prospect Ave., Milwaukee, Wis. 53202
Walker, Mrs. Jack R.R. 1, Box 163A,
Yorktown 47396

DUBOIS COUNTY

Backer, Mrs. Henry George ..Box 37, Ferdinand 47532
Fajardo, Mrs. Manuel
R.R. 1, Box 212, Ferdinand 47532
Encinas, Mrs. Senen Jimenez ..704 S. Main St., English 47118
Magbag, Mrs. Wenceslao P. O. Box 48, Holland 47546

Huntingburg
(*Zip Code* 47542)

Craig, Mrs. Harry R.R. 1
Hakami, Mrs. Taghi S. Geiger
Scales, Mrs. Alfred B. Rt. 3, Townhouse Apts.
Scales, Mrs. Allen D. Cedar Heights

Jasper
(*Zip Code* 47546)

Beaven, Mrs. John 910 W. 13th St.
Bomalaski, Mrs. Don 1005 Kuebler Place
Drew, Mrs. Daniel Connor 416 W. 8th
Gootee, Mrs. Francis 1027 Emily St.
Gootee, Mrs. Thomas 1328 Dorbett St.
Heck, Mrs. Martin 801 Newton St.
Kemker, Mrs. Bernard 1809 Newton
Klamer, Mrs. Charles H. 616 W. 13th St.
Ploetner, Mrs. Edward 1344 Dorbett St.
Salb, Mrs. J. P. R.R. 1, Box 3A
Wagner, Mrs. Arthur L. 825 W. 13th St.

Geronimo, Mrs. Jose Santa Claus 47579

ELKHART COUNTY

Elkhart
(*Zip Code* 46514)

Benson, Mrs. James E. 1629 Rainbow Bend Dr.
Billings, Mrs. Elmer R. 2022 E. Jackson
Bloom, Mrs. George R. 1100 E. Jackson Blvd.
Bowdoin, Mrs. George E. 2725 Vernon Ave.
Classen, Mrs. Pete R. C. R.R. 4, Box 506AA
Collins, Mrs. John B. 804 W. Lexington
Compton, Mrs. Walter A. ...2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L. ..1950 Rainbow Bend Blvd.
Czismas, Mrs. Louis L. 1737 Inwood Court
Dew, Mrs. Daniel 1700 Canterbury Dr.
Dovey, Mrs. Edward G., Jr. ..1604 Springbrook Dr.
Durham, Mrs. Thomas E. 101 Edwards Rd.
Echeverria, Mrs. Rudolfo 1665 North Shore Dr.
Elliott, Mrs. Thomas A. 5 Kim Court
Farver, Mrs. Boyouk 1517 Meadow Lane
Finfrock, Mrs. James D. 608 S. West Blvd.
Fleming, Mrs. Claude F. ...229 W. Jackson Blvd.
Futterknecht, Mrs. James O. ..1640 Brookwood Dr.
Gattman, Mrs. G. Beach 1319 Lawn Ave.
Hannah, Mrs. J. W. 1906 East Jackson Blvd.
Heiser, Mrs. Ervin 520 South West Blvd.
Heminway, Mrs. Norman L., 1700 Rainbow Bend Blvd.
Himmelsbach, Mrs. W. A. 3024 E. Lake Dr. N.
Horswell, Mrs. R. G. 1629 E. Jackson Blvd.
Hussey, Mrs. Lawrence K. 1638 Victoria Dr.
Jones, Mrs. Robert B., Jr. ..1839 Rainbow Bend Blvd.

Kintner, Mrs. Burton E. 3520 E. Jackson Blvd.
Klassen, Mrs. Otto D. R.R. 4, Box 504
Knight, Mrs. Larry E. 1615 Greenbrier
Krause, Mrs. Frederick 9 Rio Lindo Dr.
Lamb, Mrs. Fred K. 1531 Brookwood Dr.
Luther, Mrs. William C. ...3006 East Lake Dr. S.
McArt, Mrs. Bruce A. 2412 Kenilworth Dr.
Mark, Mrs. George A. 3139 Frailey Dr.
Martin, Mrs. Paul H. 1519 Strong Ave.
Miller, Mrs. Donald G. 1520 E. Mishawaka Rd.
Miller, Mrs. Galen R. 2229 Thorndale Ct.
Miller, Mrs. Hugh A. Jr. 417 Prospect St.
Miller, Mrs. Sam 174 Witmer Ave.
Mininger, Mrs. Edward P. ..1118 E. Jackson Blvd.
Mishkin, Mrs. Irving ..1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E. ..522 S. Highland Ave.
O'Donovan, Mrs. C. J. 2308 Broadmoor Dr.
Paff, Mrs. Wm. A. 1509 Meadow Lane
Paine, Mrs. George E. 329 Meisner Ave.
Pancost, Mrs. Vernon K. 160 Riverview Ave.
Papadopoulos, Mrs. Aris 3000 E. Lake Dr. S.
Parshall, Mrs. Dale B. 3538 Gordon Rd.
Pletcher, Mrs. William D. Box 2507
Rouen, Mrs. Robert L. 3703 Greenleaf Blvd.
Rupe, Mrs. Lloyd O. R.R. 4, Oakland Ave. Rd.
Scheer, Mrs. Alexander L. 1529 Ash Dr., E.
South, Mrs. Dale R., Jr. 21 St. Joe Manor
Spray, Mrs. Page E. 658 Kilbourn St.
Stewart, Mrs. John C. R.R. 7, Box 282
Stubbins, Mrs. William 1703 Rainbow Bend Blvd.
Work, Mrs. James A. Jr. 22 St. Joseph Manor
Yoder, Mrs. C. Richard ..1600 Rainbow Bend Blvd.
Yuhn, Mrs. Robert B. 2020 Greenleaf Blvd.
Zeitler, Mrs. Philip S. 1628 Springbrook Dr.

Goshen
(*Zip Code* 46526)

Bigler, Mrs. Frederick W. 124 Parmley Dr.
Bowser, Mrs. Philip G. 707 S. 7th St.
Chandler, Mrs. Leon H. 412 S. Fifth St.
Craig, Mrs. Robert 1503 Hickory Pl.
Graber, Mrs. Virgil R. R.R. 2, Box 338
Gunderson, Mrs. Shaun D. R.R. 3, Box 397
Haney, Mrs. Leslie Rt. 5, Box 19
Harris, Mrs. Neil Revere 628 S. 5th St.
Hostetler, Mrs. Carl 1602 S. Eighth St.
Martin, Mrs. F. S. 2301 S. Main St.
Massanari, Mrs. Walter S. 211 Egbert Rd.
Minter, Mrs. Donald L. 2604 Woodlawn Dr.
Price, Mrs. Robert W. 214 South 6th
Smucker, Mrs. Ernest E. Rt. 6, Box 361
Troyer, Mrs. Dana O. 1727 S. 13th St.
Troyer, Mrs. G. Weldon 110 Woodlawn Ave.
Turner, Mrs. J. P. 507 Greene Road
Yoder, Mrs. J. G. 900 LeRoy Ave.
Young, Mrs. R. H. 113 E. Madison St.

Nappanee
(*Zip Code* 46550)

Graber, Mrs. Alvin Ray R.R. 1, Box 216
Kendall, Mrs. F. M. 654 Woodland

Friesen, Mrs. Weldon Middlebury 46540
Weybright, Mrs. William Middlebury 46540
Quilty, Mrs. Thomas J. ..R.R. 1, New Paris 46553
Fosbrink, Mrs. E. L. 218 S. Huntington, Box 157, Syracuse 46567
Zimmerman, Mrs. W. H.
R.R. 2, Box 31, Syracuse 46567

Wakarusa
(*Zip Code* 46573)

Abel, Mrs. Robert Box 297 E. Waterford
Guttman, Mrs. John B. 109 Broadview Dr.
Miller, Mrs. James R. ..306 W. Waterford, Box 446

Lundt, Mrs. Milo Oliver
R.R. #3, Box 92, Edwardsburg, Mich. 49112

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Seal, Mrs. Perry F. 901 Main

Cambridge City
(*Zip Code* 47327)

Mendoza, Mrs. Felicisimo 710 Parkway Dr.

Connersville
(*Zip Code* 47331)

Angeles, Mrs. Armando R. Highland Drive
Clark, Mrs. Helen Nevin 401 Western Ave.
Ellis, Mrs. George M. 108 East 10th St.
Hirsch, Mrs. Theodore R.R. 6
Kauffman, Mrs. Robert W. R.R. 2
Kerrigan, Mrs. William F. R.R. 6
Lockhart, Mrs. Jack M. Golf Manor Dr., R.R. 6
Mazdai, Mrs. Abou 908 Morning Glory Lane
Mountain, Mrs. Francis B. 320 Center Dr.
Sanders, Mrs. Bertram 1533 Virginia Ave.
Steinem, Mrs. Joseph L. R.R. 3
Taube, Mrs. Robert 1 Stoneybrook Ln. R.R. 2
Watterson, Mrs. Gerald T. 1704 Virginia Ave.

FLOYD COUNTY

New Albany
(*Zip Code* 47150)

Ahmad, Mrs. Waheed 1524 Sunset Dr.
Barbee, Mrs. John 1532 Sunset Drive
Baxter, Mrs. J. W. 426 Woodrow Ave.
Bowman, Mrs. Leon 927 Pennwood Dr.
Brown, Mrs. K. H. 1654 Hedden Park
Buchman, Mrs. Marshall 1824 State St.
Bundy, Mrs. Vernon 1303 Ridgeway Ave.
Cannon, Mrs. Daniel H. 1201 E. Spring St.
Cook, Mrs. Melvin 2505 Glenwood Park
Edwards, Mrs. W. F. 1116 Savannah Dr.
Garner, Mrs. William H., Jr. 1510 Sunset Dr.
Ginsherman, Mrs. A. 1827 State St.
Habermel, Mrs. John 908 E. Spring St.
Harlowe, Mrs. Stuart E. 15 Trimingham Rd.

Hess, Mrs. P. Patrick**1313 Ridgeway Ave.**
Irigoyen, Mrs. David E. 1919 State St.
Johnson, Mrs. William V.**1540 Sunset Dr.**
LaFollette, Mrs. Donald R. Box 494-1, R.R. 2, Quarry Road
LaFollette, Mrs. Robert E.**2515 Glenwood Ct.**
Nedelkoff, Mrs. Bogdan R.R. 2, Box 500
Paris, Mrs. John M.**2003 Lindbergh Ct.**
Pierce, Mrs. Gene S. 1425 Bellmeade Dr.
Pope, Mrs. Howard**1003 Castlewood Dr.**
Receveur, Mrs. Paul E. 817 Castlewood Dr.
Ruoff, Mrs. William 1349 Grable Ct.
Sonne, Mrs. Irvin H.**1546 Sunset Dr.**
Streepey, Mrs. Jefferson I. 502 Kenzie Rd.
Wolfe, Mrs. Nelson A.**2007 Graybrook Lane**
Worley, Mrs. H. L.**1923 DePauw Ave.**

Best, Mrs. Maurice M. Rt. 2, Silver Lakes Estates, Borden 47106
Bickers, Mrs. Everett E. Rt. 3, Box 572, Floyds Knobs 47119
Higgins, Mrs. John R. Rt. 3, Box 549, Floyds Knobs 47119
McCullough, Mrs. James **Box 447, Skyline Drive, Floyds Knobs 47119**
Receveur, Mrs. Robert E. **R.R. 1, Box 50-A, Floyds Knobs 47119**

GRANT COUNTY

Marion

(*Zip Code* 46952)

Abell, Mrs. Charles F.**717 Jeffras Ave., P.O. Box 95**
Ansbacher, Mrs. Stefan 1115 Overlook Rd.
Ayres, Mrs. W. W.**1807 Hawthorne Rd.**
Belcher, Mrs. Alan D.**5021 N. Peconga Dr.**
Bloom, Mrs. Ward 610 River Dr.
Botkin, Mrs. James 2611 Beech Lane
Bourke, Mrs. Wm. W. 1211 Euclid Ave.
Brandes, Mrs. David 1425 E. Bocock Rd.
Brown, Mrs. Robert M.**825 Euclid Ave.**
Camarata, Mrs. James 1270 Dogwood Ct.
Chaney, Mrs. Robert D.**1326 Woodland Dr.**
Comeau, Mrs. Wm. J., Jr.**918 Hawthorne Rd.**
Davis, Mrs. Joseph B. 1315 Sheridan Rd.
Dunbar, Mrs. Fred E.**902 Hawthorne Rd.**
Farinas, Mrs. Nicomedes 31B, V.A. Hosp.
Faustino, Mrs. Carlos 710 Jeffras
Fisher, Mrs. Henry**3940 W. 300 S.**
Fisher, Mrs. Pierre J., Jr.**911 Overlook Rd.**
Fuelling, Mrs. James 4285 North Road, 210 East
Ganz, Mrs. Max**904 Jeffras Ave.**
Glock, Mrs. Douglas 2380 E. Marksara Dr.
Goldburg, Mrs. B. Richard 908 Sidney Lane
Goldsmith, Mrs. David**2711 River Rd.**
Grant, Mrs. M. Arthur 3602 Wildwood Dr.
Guevara, Mrs. Teodoro**607 Windsor Dr.**
Hemphill, Mrs. Roger**1609 Chapel Pike**
Hummel, Mrs. R. M.**2411 Lommel Lane**
Jackson, Mrs. Robert F. 1207 Northwood
Jarrett, Mrs. John C.**3418 Wildwood Dr.**
Joshi, Mrs. Prakash 1403 Glendale
Kershner, Mrs. Charles R.**915 Wabash Ave.**
Khalouf, Mrs. Herbert C. 1204 Overlook Rd.
Lahr, Mrs. Richard**815 Jeffras Ave.**
Lavengood, Mrs. Russell W. 801 W. 4th St.
Long, Mrs. Max**910 Spencer Ave.**
Manalo, Mrs. Francisco S. 801 Jeffras
Miller, Mrs. H. Allison**1010 W. Fourth St.**
Musselman, Mrs. L. K.**6713 E. 200 S.**
Pattison, Mrs. John D.**1315 Elm Lane**
Pearcy, Mrs. Marcene 2970 North Road, 220 East, R.R. 7
Powell, Mrs. J. P. 2179 E. Charles Rd.
Rajachar, Mrs. Mathikere 1328 W. Forrest Lane
Raju, Mrs. S. Gopal 1411 Glendale
Reid, Mrs. James D.**932 Gustave Pl.**
Rhamy, Mrs. Donald E. 3259 N. Charles Rd.
Rhorer, Mrs. John G.**711 Wabash Ave.**
Shah, Mrs. Ajit 1705 Scenic Pl.
Shuck, Mrs. William, Jr. 1114 Overlook Rd.
Simmons, Mrs. Frederick H.**2607 Beech Lane**
Smith, Mrs. Barton T.**515 Val Lane**
Smith, Mrs. Evrett E. R.R. 1, 5089 Peconga Dr.
Smyrniotis, Mrs. Frank E. 912 Berkley Dr.
Snowhite, Mrs. Arthur B.**610 Cardinal Lane**
Tavenner, Mrs. Michael 30-B VA-Hospital
Urgena, Mrs. Regino 5857 N. 500 W.
Vesey, Mrs. William 1290 W. Forest Ln.
Vinluan, Mrs. T. S. 1305 Lincolnshire Blvd.
Walton, Mrs. R. Lee**607 Cardinal Lane**
Warren, Mrs. Carroll B. 1107 Jeffras Ave.
Wilson, Mrs. Ned A.**2455 River Rd.**

Shrock, Mrs. E. E.**Box 187, Amboy 46911**
Malott, Mrs. Fred ..105 W. Marion, Converse 46919
Yale, Mrs. Charles .524 S. Main St., Fairmount 46928
Garrison, Mrs. L. J.**515 E. Main St., Gas City 46933**
Koontz, Mrs. William A.**334 E. Main, Gas City 46933**
Shoemaker, Mrs. Richard L.**604 N. Third St., Gas City 46933**
Baskett, Mrs. R. J.**412 S. Main St., Jonesboro 46938**
Rhamy, Mrs. Arthur P. ...**R.R. 5, Wabash 46992**
Rifner, Mrs. Eugene 10513 E. 500 N. Van Buren 46991
Salomon, Mrs. Jaime A. ..506 E. Main, Swayzee 46986
Taylor, Mrs. E. C. ..**226 E. Anson, Upland 46989**
Thompson, Mrs. B. Jay R. 5, Box 61-C, Wabash 46992

HANCOCK COUNTY

Greenfield

(*Zip Code* 46140)

Anderson, Mrs. James T. 1302 Bittersweet Drive
Beeson, Mrs. Wilbur**1306 Sherwood Drive**
Endicott, Mrs. Wayne**115 McClellan**
Farrell, Mrs. John J.**North State Rd. 9**
Hunter, Mrs. Donn R.**843 Maple Drive**
Kinneman, Mrs. Robert 120 McClellan Drive
Kirby, Mrs. Ted C.**122 Grandison Rd.**

Moenning, Mrs. John E. R.R. 4, Box 311A
Smith, Mrs. John H. 144 Grandison Rd.
Singco, Mrs. Bienvenido O. 1513 Brunner Drive
Thomas, Mrs. Andrew 8006 Cheswick Drive
Vingis, Mrs. Bronie A. 705 N. State St.

Garrison, Mrs. James Cumberland 46229
Miller, Mrs. Joseph Oaklandon 46236
Kuhn, Mrs. Robert Wilkinson 46186

HENDRICKS COUNTY

Brownsburg
(*Zip Code* 46112)

Baker, Mrs. Glen W. 19 Burns Drive
Black, Mrs. James R.R. 1, Box 167-B
Calhoon, Mrs. John 116 Gordon Ct.
Edwards, Mrs. William A. R.R. 3, Box 54
Scudder, Mrs. A. N. 24 N. Grant
Taylor, Mrs. Robert 216 W. Tilden Rd.
Walker, Mrs. Thomas R.R. 1, Box 93-A

Danville
(*Zip Code* 46122)

Cheesman, Mrs. Donald D. Round Hill Ct.
Gibbs, Mrs. Joseph W. 445 E. Mill St.
Heinlein, Mrs. Carl L. 540 S. Cross
Kerlin, Mrs. Joseph 160 Urban St.
Kirtley, Mrs. Robert W. 350 Urban St.
Koch, Mrs. Elmer 301 S. Bowen St.
Terry, Mrs. Lloyd 292 W. Marion
Wagner, Mrs. William R.R. 1, Box 78-19

Ellis, Mrs. L. Hall Lizton 46149
Scamahorn, Mrs. Malcolm O. Pittsboro 46167

Plainfield
(*Zip Code* 46168)

Clark, Mrs. Eric D. R.R. 2, Box 437
Cohen, Mrs. Irving 645 E. Main St.
Hadley, Mrs. David M. 10 Almond Court
Haggard, Mrs. David B. R.R. 2, Box 583
Stafford, Mrs. William C. .P.O. Box 97C, 625 S.E. St.

HENRY COUNTY

New Castle
(*Zip Code* 47362)

Bitler, Mrs. C. C. 603 S. Eleventh St.
Bledsoe, Mrs. James G. 319 S. 14th
Brock, Mrs. J. T. 100 Van Nuys Rd.
Burnett, Mrs. Arthur 801 Melody Lane
Campbell, Mrs. Sam W. 901 McCormack Dr.
Dye, Mrs. Cloyd Rutherford Road, R.R. 5
Easter, Mrs. James N. 520 Edgewood
Fisher, Mrs. John E. 1135 Woodlawn Dr.
Foster, Mrs. Ray T. 420 N. Main St.
Harrison, Mrs. Benjamin L. 233 Bundy Ave.
Heilman, Mrs. William C., Jr. 1112 St. James Ct.
Hill, Mrs. Kenneth G. 707 Leland
KinKade, Mrs. Paul T. 705 Hawthorne Rd.
May, Mrs. A. J. 606 Black Rd.
McDonald, Mrs. Frank C. 365 Trojan Lane
McElroy, Mrs. James S. 1213 Audubon Rd.
McKee, Mrs. Roy G. 606 Fairoaks Rd.
Paz, Mrs. Luis Rutherford Road S., R.R.
Pollack, Mrs. Seymour Box 34
Smith, Mrs. Mark 631 S. 11 St.
Stauffer, Mrs. Geo. E. 2705 S. Memorial Dr.
Steussy, Mrs. Calvin N. 601 Hoosier Dr.
Stout, Mrs. Walter M. 522 S. 12th St.
Stricker, Mrs. Paul J. 719 Fair Oaks Dr.
Vivian, Mrs. Donald E. R.R. 4
Wiatt, Mrs. Leonard 2716 Fairoaks
Wiggins, Mrs. D. S. 219 S. 12th St.
Wilhelm, Mrs. Guido P. 100 Leland St.

Valena, Mrs. Dominador ..1206 N. Petty Rd., Muncie 47304
Robertson, Mrs. William S. 213 W. Main St., Spiceland 47385

HOWARD COUNTY

Gaboya, Mrs. Ruben R. ...Box 577, Bunker Hill 46914
Smith, Mrs. Charles
10512 Springfield Dr., R.R. 1, Carmel 46032
Denton, Mrs. Larkin D. ...S. Meridian, Greentown 46936

Kokomo
(*Zip Code* 46901)

Adams, Mrs. C. J. 2241 W. Jefferson St. Apt. 127B
Adler, Mrs. Alan J. 1209 Devon Court
Anasco, Mrs. Reynaldo 11801 Crestview Blvd.
Blue, Mrs. Earl Robert 804 Cottonwood Dr.
Bowers, Mrs. Garvey B.
2241 W. Jefferson St. Apt. 128
Bowers, Mrs. John A. 1535 W. Jefferson
Bowman, Mrs. John 3208 Susan Dr.
Brown, Mrs. Richard J. 920 Bellevue Pl.
Choi, Mrs. Stephen S. 1308 Arundel Dr.
Clevinger, Mrs. Wm. 1303 Bagley Drive
Conley, Mrs. Thomas M. 2811 Dellwood Dr.
Craig, Mrs. R. A. 4105 W. Sycamore Rd.
Das, Mrs. Amal K. 3112 Tallyho Dr.
David, Mrs. Delfin P. 4606 Stratford Dr.
Doss, Mrs. Jerome 3209 Susan Drive
Earl, Mrs. Max M. 2210 S. Wabash
Elleman, Mrs. Jack 1100 Arundel Dr.
Ericson, Mrs. Homer S. 124 Leafy Lane
Ferry, Mrs. Paul J. 1207 W. Sycamore
Fields, Mrs. Donald L. 3304 Tallyho Dr.
Frazier, Mrs. Jack L. 3208 Tallyho Dr.
Fretz, Mrs. Richard 4701 Mayfield Dr.
Golper, Mrs. Marvin N. 411 Morningside Dr.
Granda, Mrs. Armando 109 Rue De Maison
Grothouse, Mrs. Carl B. 925 Bellevue Place
Guin, Mrs. Jere D. 4401 N. Parkway
Halfast, Mrs. Richard W. ...2505 Katherine Ave.
Harshman, Mrs. James ...4100 Millerwood Lane
Higgins, Mrs. Jack W. ..4815 West Sycamore Road
Johnson, Mrs. Darryl L 4435 W. Sycamore Rd.
Longshore, Mrs. Robert 1306 Westbrook Dr.
Lodde, Mrs. Marvin 4200 Millerwood Ln.
McClure, Mrs. Warren N. 900 Arundel Ct.
McIndoo, Mrs. Ralph E. 2307 W. Jefferson

Michael, Mrs. Robert L. ...4610 W. Sycamore Rd.
Miethke, Mrs. Richard 2922 Bagley Dr.
Moore, Mrs. John M. 1500 Honey Lane
Paris, Mrs. Durward W. 2417 S. Lafountain
Perkins, Mrs. P. L. 4101 Millerwood Lane
Pesarillo, Mrs. S. N. 3509 Albright Rd.
Phares, Mrs. Robert W. 1712 S. Malfalfa Rd.
Reul, Mrs. G. Marvin 6401 Windwood Dr.
Rudicel, Mrs. Max W. 321 Kingston Rd.
Scherschel, Mrs. Thomas R. 700 W. Oons
Schwartz, Mrs. F. C. 5015 W. Sycamore Rd.
Sekulich, Mrs. Milo 4505 N. Parkway
Tapnio, Mrs. Rogelio 11305 Crestview Blvd.
Tate, Mrs. James 1905 Greytwig
Tignor, Mrs. Sterling P. 3404 Tallyho Dr.
Trimble, Mrs. John 1704 W. Sycamore
Van Denbark, Mrs. Howard M.
4620 W. Deffenbaugh Rd.
Wachob, Mrs. Tom W., Jr. 1121 Highland Dr.
Watson, Mrs. Leo 2920 Bagley Dr.
Westerfield, Mrs. Gordon L. 2108 Eastbrook Dr.
Whitlock, Mrs. Coleman 1200 Arundel Dr.
Wilson, Mrs. Norman K. 1909 Greytwig

Quakenbush, Mrs. John P. ..R.R. 1, Sharpsville 46068

HUNTINGTON COUNTY

Huntington

(*Zip Code* 46750)

Blair, Mrs. Richard G. 809 N. Jefferson
Brubaker, Mrs. Harold S. 721 Flaxmill Rd.
Cope, Mrs. Stanton E. 1022 N. Jefferson St.
Doermann, Mrs. Paul E. ..R.R. 8, Box 325, Grimm Rd.
Kay, Mrs. John B. 1471 Oak Street
Larson, Mrs. Arthur N. Rt. 1, Box 311, Stults Rd.
Marks, Mrs. Howard H. 1120 N. Jefferson St.
Mathew, Mrs. P. Cherian ..Rt. 5, Bartlett St., Apt. 44
Wagner, Mrs. Richard W. Old Andrews Rd.

Bennett, Mrs. J. B. Warren 46792

JACKSON-JENNINGS COUNTIES

Brownstown

(*Zip Code* 47220)

Baxter, Mrs. Harry R. Lake and Forest Club
Gillespie, Mrs. G. R. 701 Commerce
Huguenard, Mrs. Joseph R. R.R. 2
Knotts, Mrs. Slater Lake & Forrest Club
McGill, Mrs. Joel 429 Ashland St.
Scharbrough, Mrs. William 105 W. Summit
Shields, Mrs. Jack 721 W. Spring

Seymour

(*Zip Code* 47274)

Bevers, Mrs. Mark 519 Manor Dr.
Black, Mrs. Joseph M. 671 Braewick Road
Blaisdell, Mrs. William F. 580 Stadium Ct.
Bosch, Mrs. Ralph O. ..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin 515 W. Sixth St.
Kamman, Miss Martha 332 W. Oak St.
Linson, Mrs. John C. 1430 Lady Marian Dr.
Martin, Mrs. Guy 204 West Fifth St.
Morris, Mrs. Robert 729 W. 6th
Ripley, Mrs. John W. 2001 Ewing St.
Templeton, Mrs. Ian S. 426 Mutton Creek Dr.
Wiethoff, Mrs. C. A. ..615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer

(*Zip Code* 47978)

Ahler, Mrs. Kenneth 703 Milroy
Beaver, Mrs. Raymond E. 111 Thompson St.
O'Brien, Mrs. F. E. 530 Park Ave.
Williams, Mrs. Paul A. 402 N. Weston

JAY COUNTY

Portland

(*Zip Code* 47371)

Fitzpatrick, Mrs. James S. 405 W. Race
Gillum, Mrs. Eugene W. Votaw State Rd.
Lopez, Mrs. Alfonso 446 W. Arch
Schenck, Mrs. Ralphe 402 W. Seventh
Steffy, Mrs. Ralph M. 321 E. Race
Vormohr, Mrs. Joseph 1011 S. Meridian

Donnally, Mrs. George A. Rd. 1, Geneva 46740

JOHNSON COUNTY

Franklin

(*Zip Code* 46131)

Andrews, Mrs. Hugh K. R.F.D. 4, Box 20, 234 C.A.
Bullers, Mrs. Robert C. 395 S. Home Ave.
Bullington, Mrs. George R.R. 4
Chiu, Mrs. Luke R.R. 1, Box 64
Deppe, Mrs. Charles F. 1215 Park Ave.
Ferrara, Mrs. Joseph F. 1000 E. King St.
Foster, Mrs. Robert H. K. 1025 Orchard Lane
Gannon, Mrs. Anthony R.R. 1, Box 234
Gilliland, Mrs. John 200 N. Water St.
Jones, Mrs. Charles A. 1010 E. Adams Dr.
Murphy, Mrs. Harry E. 422 N. Walnut St.
Nalley, Mrs. James R.R. 5, Box 350L
Palmer, Mrs. Harley P. Forrest Park Dr.
Province, Mrs. Wm. D. 99 N. Water St.
Records, Mrs. Arthur W. 216 E. Jefferson St.
Records, Mrs. John M. 198 E. Jefferson St.
Ritteman, Mrs. George R.R. 3, Box 19A
Roller, Mrs. Mac 1100 Hillview Dr.
Waymire, Mrs. Wm. M. 101 N. Walnut St.

Greenwood

(*Zip Code* 46142)

Brown, Mrs. George E. 710 Brewer Pl.
Link, Mrs. Charles 663 Williamsburg Lane
Machledt, Mrs. John 243 S. Madison
Nahre, Mrs. John 153 Chestnut Dr.
Ogle, Mrs. Robert Valley Ln. Ct.
Sheek, Mrs. Kenneth I. 407 S. Forest Dr.
Small, Mrs. George 1066 Lawn Dale Court
Tiley, Mrs. George 40 N. Madison
Wesemann, Mrs. Merrill M. 109 Carefree Ct., R.R. 2

Young, Mrs. Joseph W. 904 Beech Park Dr.

Deogracias, Mrs. Francisco D. Edinburg 46124
Singh, Mrs. Sandribhan 337 Northlane Dr.
New Whiteland 46184

KNOX COUNTY

Vincennes
(*Zip Code* 47591)

Anderson, Mrs. John B. 1222 Forest Hill Dr.
Barrett, Mrs. Thomas L. 2520 Old Orchard Pl.
Bartlett, Mrs. Donald T. 1315 McDowell Rd.
Black, Mrs. Boyd K. 1108 State Rd. 67N
Buehl, Mrs. Frederick 1911 College Avenue
Bueser, Mrs. Rudsen M. 1643 Spruce Drive
Cantwell, Mrs. E. R. P.O. Box 924
Chattin, Mrs. Herbert O. 729 Main St.
Coffel, Mrs. Melvin
1400 Forest Hills Drive Extension
Combs, Mrs. Daniel J. P.O. Box 421,
Old Bruceville Rd.
Curtner, Mrs. Myron L. 216 N. Sixth St.
Dayson, Mrs. Louie O. R.R. 2
Ewing, Mrs. Nathaniel D. R.R. 3, Box 46
Floyd, Mrs. Malcolm 1310 Forest Hills Dr.
Haswell, Mrs. John N. ...1604 Old Orchard Rd.
Hendrix, Mrs. Charles 1302 Forest Hills Dr.
Herman, Mrs. Daniel John ..Lotus Lane, R.R. 3
Jacqmain, Mrs. Ralph J. Monroe City Rd.
Koontz, Mrs. James A. 2009 Jackson Dr.
Lopez, Mrs. Raul E... Main & Ramsey Road, R.R. 4
McCormick, Mrs. H. D. Vincennes Nursing Home
McDowell, Mrs. M. M. 1322 Audubon Rd.
McMahan, Mrs. Virgil C. Monroe City Rd.
Massoudian, Mrs. Mohammed T. ..26 Warren Circle
Melchior, Mrs. Jerome 3303 Old Bruceville Rd.
Miller, Mrs. Charles L. R.R. 4
Nichols, Mrs. Robert J. 1906 John R. Rd.
Parmenter, Mrs. Harry B. 205 Elm Lane
Pomputius, Mrs. Wm. F., Jr. 1643 Spruce Dr.
Reilly, Mrs. James F. P.O. Box 244
Shanklin, Mrs. Jack L. 1545 Barnett Lane
Shelton, Mrs. Philip 2008 Forbes Rd.
Snider, Mrs. Donald L. 301 Tulip Lane
Spencer, Mrs. Frederic 902 Perry St.
Stewart, Mrs. Frank W. Hillcrest Rd.
Stewart, Mrs. Ralph W. 1222 Audubon Rd.
Vaughn, Mrs. Walter R. 2018 Prospect Ave.
Welch, Mrs. Norbert M. Monroe City Rd.

Scudder, Mrs. John Edwardsport 47528

LAKE COUNTY
EAST CHICAGO—WHITING BRANCH

East Chicago
(*Zip Code* 46312)

Campagna, Mrs. E. A. 2004 Joy Lane
Ernst, Mrs. H. C. 4219 Baring Ave.

Hammond
(*Zip Code* 463 *plus zone number*)

Barron, Mrs. Elmer A. 6635 Kansas (23)
Cotter, Mrs. Edward R. ..7225 Knickerbocker Pkwy. (23)
Marks, Mrs. Ora L. 7111 Olcott Ave. (23)
Premuda-Mary, Mrs. Franklin ...7042 Woodmar (23)
Ramker, Mrs. Daniel T. ...7129 Arizona Ave. (23)
Thegze, Mrs. George A. 7435 Olcott Ave. (23)

Highland
(*Zip Code* 46322)

Beilke, Mrs. Clifford 8723 Parkway Dr.
Dumanian, Mrs. Ara V. 8727 Parkway Dr.
Greenis, Mrs. Jack 8737 Parkway Dr.
Teplinsky, Mrs. Louis 2288 Bordeau Walk

Munster
(*Zip Code* 46321)

Ahn, Mrs. K. J. 1901 Mirmar Rd.
Benchik, Mrs. Frank A. 8326 Hawthorne Dr.
Fleischer, Mrs. J. C. 8345 Northcote
Giragos, Mrs. Henry 8525 Baring
Gonzales, Mrs. S. A. 1537 Janice Lane
Gustaitis, Mrs. John W. 1843 Crestwood
Hadidian, Mrs. Henry 9124 Holly
Jacobo, Mrs. M. J. 1525 Fran-Lin Parkway
Keskin, Mrs. I. 1113 Azalea Drive
Min, Mrs. David 1537 Tulip Lane
Serna, Mrs. Carlos 1417 McArthur
Wooden, Mrs. Thomas F. 8354 Parkview
Zallen, Mrs. S. G. 8342 Hawthorne Dr.

Winter, Mrs. Donald K. 1751 N. Arbogast
Griffin 46319
You, Mrs. Kwang-Duck .331 Luella, Calumet City, Ill.

LAKE COUNTY—
GARY-SOUTH BRANCH

Crown Point
(*Zip Code* 46307)

Horst, Mrs. W. N. 468 Lake Street
Lytwakiwsky, Mrs. A. 809 126th Court
Slama, Mrs. George F. 620 S. Court Street

Gary
(*Zip Code* 464 *plus zone number*)

Amico, Mrs. P. J. 2119 W. 50th Place (08)
Bergal, Mrs. Milton ..405 S. Huntington, Apt. 407 (03)
Bills, Mrs. Robert N. 534 Lincoln St. (02)
Brincko, Mrs. John 3537 Harrison (08)
Dierolf, Mrs. E. J. 630 Montgomery (03)
Johnson, Mrs. Arnold L. 2418 W. 19th Ave. (04)
King, Mrs. John 4105 Rutledge (08)
Lewis, Mrs. Wm. R. 100 N. Montgomery (03)
Lorenty, Mrs. T. B. 3654 Madison St. (08)
McDonald, Mrs. W. E. 1035 W. 35th Ave. (08)
Mather, Mrs. J. Wilford 7224 Maple Ave. (03)
Valencia, Mrs. M. M. 7700 Hemlock (03)
Williams, Mrs. E. Daniel 2342 W. 20th Pl. (04)

Hobart
(*Zip Code* 46342)

Cebedo, Mrs. Jaime J. ..11 Victor Dr., Bldg. I-A #123
Kopcha, Mrs. Joseph E. 508 Lake Shore Dr.
Sala, Mrs. J. J. 1530 W. 4th Place

Merrillville
(*Zip Code* 46410)

Bicalho, Mrs. J. F. 1800 W. 54th Ave.
Doumanian, Mrs. H. 6451 Arthur St.
Gregoline, Mrs. Eugene 5700 Taft Place
Mirich, Mrs. E. C. 940 W. 66th Ave.
Mirro, Mrs. John 2712 W. 57th Place
Ornelas, Mrs. Joseph 6339 Cleveland St.
Pappas, Mrs. E. T. 6429 Arthur St.
Tiffany, Mrs. Joseph C. 7731 Delaware Ct.
Volan, Mrs. George 5795 Taft Place
Yocum, Mrs. William S. 6411 Ellsworth Pl.

Goldstone, Mrs. Adolph 1718 Dylane Dr.
Griffith 46319
Zucker, Mrs. Ed 9611 Fran Lin Ave.
Munster 46321
Milos, Mrs. Robert J. 151 Shore Dr., Box 642
Portage 46368

LAKE COUNTY—HAMMOND BRANCH

Hammond
(*Zip Code* 463 *plus zone number*)

Blanco, Mrs. R. M. 9236 Marigold
Egnatz, Mrs. Nicholas 820 Highland St. (20)
Fischer, Mrs. B. 49 Indi-Illi Park (24)
Grabow, Mrs. E. F. 6501 Moraine (24)
Kretsch, Mrs. Russell 7214 Hohman Ave. (24)
Mason, Mrs. Richard L. 6915 Magoun (24)
Neal, Mrs. Leonard W. 7301 Forest Ave. (24)
Palmer, Mrs. B. M. F. 7530 Magoun (24)
Peck, Mrs. Edward A. 6422 Moraine Ave. (24)
Pilot, Mrs. Jean 7137 Knickerbocker Pkwy. (23)
Remich, Mrs. Antone C. 6412 Moraine (24)
Repay, Mrs. Walter A.
7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W. 7126 Forest (24)

Highland
(*Zip Code* 46322)

Eugenides, Dr. T. 8136 Kennedy
Gustaitis, Mrs. John 1148 Bluebird
Koransky, Mrs. David S. 2256 Bordeaus Walk
Reed, Mrs. Ronald 2100 Kenilworth
Sabo, Mrs. William J. 8926 Waymond Ave.
Steen, Mrs. Lowell H. 8800 Parkway
Tilka, Mrs. Edward C. 8740 Parkway

Munster
(*Zip Code* 46321)

Allegretti, Mrs. Michael 8283 Oakwood Ave.
Alt, Mrs. Edward M., Jr. 8309 Oakwood Ave.
Arbeiter, Mrs. Herbert I. 119 Beverly Place
Arrowsmith, Mrs. James L. 8138 Forest
Auburn, Mrs. R. P. 8710 Northcote
Bleza, Mrs. Maximo T. 1419 River Drive
Bombar, Mrs. Leslie E. 8318 Oakwood Ave.
Branco, Mrs. Arthur M. 1224 Melbrook Dr.
Brenner, Mrs. Howard B. 1426 Oak Park
Brodersen, Mrs. J. D. 1221 Tulip Lane
Cespedes, Mrs. Carlos 1102 Franklin
Cha, Mrs. Jin S. 1024 Holly Lane
Costello, Mrs. Albert J. 1404 Fisher
Delacotera, Mrs. Fred 1205 Melbrook
Deporter, Mrs. Louis 1448 Melbrook Dr.
DiCarlo, Mrs. V. 1411 Fran-Lin Pkwy.
Dimitroff, Mrs. Lambro 8505 Schreiber Dr.
Downs, Mrs. Kenneth 1106 Fran Lin
Egnatz, Mrs. Charles Dyke 1217 Melbrook Dr.
Estacio, Mrs. Romeo Y. 9142 Chestnut
Farinas, Mrs. C. P. 1330 Fran Lin Drive
Fitzpatrick, Mrs. W. J. 9131 Walnut Drive
Fox, Mrs. Jack M. 1448 Oak Park Drive
Friedman, Mrs. I. E. 11 Beverly Place
Goldstone, Mrs. R. 1337 Fran-Lin Pkwy.
Gomez, Mrs. Cesar M. 9429 Northcote
Halum, Mrs. Ramon G. 1906 Fisher
Harvey, Mrs. David M. 8250 Linden
Hehemann, Mrs. W. V. 8718 Northcote
Heiber, Mrs. F. R. 9201 Beech
Helms, Mrs. Charles E. 9300 White Oak
Hirsch, Mrs. Melvin L. 1111 MacArthur
Hovannasian, Mrs. R. A. 1329 Vivian Lane
Husted, Mrs. Robert G. 7905 Calumet
Kelly, Mrs. G. G. 1335 Elliott Dr.
Kenny, Mrs. Francis D. 8131 Forest Ave.
Kott, Mrs. Alexander 1333 Melbrook Dr.
Kuhn, Mrs. Arthur 1535 35th St.
Lanman, Mrs. John U. 1321 Elliott Dr.
Lautz, Mrs. Herbert A. 7943 Forest Ave.
Luna, Mrs. Manuel R. 8205 Oakwood
Madlang, Mrs. R. M. 7750 Hohman Ave.
Mansueto, Mrs. Mario D. 1328 Park Drive
Marks, Mrs. Salvo P. 8320 Parkview Ave.
Marshall, Mrs. W. J. 1306 Elliott Dr.
Mintz, Mrs. Alfred M. 1841 Lambert Lane
Montes, Mrs. Herminio Y. 7915 Hohman
Morris, Mrs. W. H., Jr. 8044 Forest Ave.
Nakamura, Mrs. T. 1308 Elmwood
Panares, Mrs. R. R. 1826 Ada Lane
Paul, Mrs. Eudell G. 7905 Hohman Ave.
Pavelka, Mrs. R. 1330 Magnolia
Polydefkis, Mrs. D. 8825 Crestwood
Rasch, Mrs. G. C. 1519 35th St.
Rosenthal, Mrs. G. 8330 Schreiber Dr.
Row, Mrs. P. Q. 1926 Camellia Apt. 2B
Sabina, Mrs. Robert E. 1901 Azalea Drive
Santare, Mrs. V. J. 1336 Melbrook
Senerdjian, Mrs. S. 8319 Linden
Serrano, Mrs. Jose F. 1541 Melbrook
Shah, Mrs. R. L. 1115 Bluebird
Shetty, Mrs. D. M. 1814 Oriole
Smith, Mrs. Jerald 1234 Melbrook
Smitley, Mrs. Roger P. 1519 Janice Lane
Sri-Uthayopas, Mrs. Prasit 8822 Baring
Sroka, Mrs. Stanley J. 8516 Hawthorne
Tetalman, Mrs. M. R. 1804 Camellia
Urba, Mrs. V. 1912 Lambert Lane
Vandertoll, Mrs. D. J. 8211 Madison
Wang, Mrs. T. C. 1327 Ridgeway

Rudolph, Mrs. Franklin G. 13318 Chase Crown Point 46307
Gross, Mrs. Joseph 730 Roy St., Dyer 46311
Lopez, Mrs. Filemon P. 2162 Hart, Dyer 46311
Feldman, Mrs. Howard E. 1732 Mansard Blvd. Griffith 46319
Lundeberg, Mrs. Ralph A. 1211 N. Harvey Griffith 46319
Modjeski, Mrs. J. R. 1707 N. Arbogast Apt. 1F Griffith 46319
Tyrrell, Dr. Sallie 1066 Forest Hills Calumet City, Ill. 60409
Feldner, Mrs. Ronald P. 17717 Bernardine Lansing, Ill. 60438
Szanto, Mrs. Philip A. ..3647 173rd Ct. Lansing, Ill. 60438

LaPORTE COUNTY—LaPORTE UNIT

LaPorte
(*Zip Code* 46350)

Backer, Mrs. G. P. 1533 Michigan Ave.
Carter, Mrs. Fred S. 2108 Mustang Dr.
Datzman, Mrs. Basil J. 1421 Indiana Ave.
Durham, Mrs. Lowell J. 205 Forest Dr.
Edwards, Mrs. James L. 0328E 650S
Elshout, Mrs. Clement 2020 Beechwood Ct.
Farnsworth, Mrs. S. A. 214 Lake Shore Dr.
Hagenow, Mrs. Charles F. 66 Keston Elm Dr.
Kelsey, Mrs. Robert M., Jr. 1305 Indiana Ave.
Kepler, Mrs. Robert W. P.O. Box 37
Kim, Mrs. Joon S. 1815 Michigan Ave.
Larson, Mrs. Goyt O. 902 E. 18th St.
Mead, Mrs. Frank 344 Grayson Rd.
Mladick, Mrs. Edward A. 314 Holton Rd.
Moore, Mrs. William G. 1532 Michigan Ave.
Moosey, Mrs. Louis 2007 Michigan Ave.
Mueller, Mrs. Edwin C. 117 Evergreen Dr.
Oak, Mrs. David D. 1104 Andrew Ave.
Philbrook, Mrs. Seth S. 212 Forest Dr.
Sanchez, Mrs. Jose 2424 Monroe St.
Scott, Mrs. John S. 508 Lakeshore Dr.
Scupham, Mrs. William K. 1411 Indiana Ave.
Sprecker, Mrs. James J. Nilewood Dr.
von Asch, Mrs. George 2030 Michigan Ave.
Wolf, Mrs. William Lakewood Lair
Young, Mrs. Leon N. 2102 Mustang Dr.
Zahrt, Mrs. Frank 398 Oak Drive

LaPORTE COUNTY—MICHIGAN CITY CHAPTER

Michigan City
(*Zip Code* 46360)

Arney, Mrs. Amos 3020 Northmoor Trail
Bankoff, Mrs. Milton 307 Kenwood Place
Berkson, Mrs. Myron 445 Boyd Circle
Frost, Mrs. Robert 3215 Cleveland Ave.
Gardner, Mrs. M. D. 1520 E. 8th
Hay, Mrs. Gene R. 3015 Maple
Jensen, Mrs. James 1511 Wabash
Jones, Mrs. King 1010 E. Coolspring
Kroczek, Mrs. Stephen 105 Breckenridge Dr.
Kubik, Mrs. Frank J. 218 Friendship Trail
Luce, Mrs. John W. 311 Garden Trail
Mannion, Mrs. Rodney A. 2016 Juneway Dr.
Marske, Mrs. Robert L. 2920 Roslyn Trail
O'Brien, Mrs. Raymond J. 220 Kenwood Place
Paul, Mrs. Leonard G. 3023 Mayfield Way
Potter, Mrs. Brian 3305 Pottowattomie Trail
Phillips, Mrs. John J. Duneland Beach
Stark, Mrs. William A. 2821 Elbridge Way
Ticsay, Mrs. Bienvenido Pottawattomie Estates
Walters, Mrs. William 105 Valentine Ct.

LAWRENCE COUNTY

Bedford
(*Zip Code* 47421)

Austin, Mrs. Richard P. 1315 15th St.
Azzam, Mrs. Roshdi A. 130 Woodhill Dr.
Bennett, Mrs. E. Dick L. Brook Knoll
Crosby, Mrs. Reid C. 11 Saddler Court
Dino, Mrs. Florian 4 Hillcrest Circle
Duncan, Mrs. Raymond E. 311 Eastwood Dr.
Girgis, Mrs. M. H. 1805 Central Ave.
Gonzalez, Mrs. Raul C. Brook Knoll
Huber, Mrs. Richard G. 219 Sycamore Dr.
Kaderabek, Mrs. Donal J. 1734 Saddler Dr.
Kasting, Mrs. Gerald E. Parkview Addtn.
Kerr, Mrs. Donald M. 1415 20th St.
Livingston, Mrs. Peter H. Saddler Dr.
Morrow, Mrs. Robert J. R. 5, Brook Knoll
Mount, Mrs. James L. 1428 14th St.
Pless, Mrs. John E. Brook Knoll
Reuter, Mrs. John W. R.R. 5, Brooknoll
Sami, Mrs. Abdel 116 Woodhill Dr.
Scherschel, Mrs. John P. 1713 H St.
Sera, Mrs. Segundo R. 2006 Circle Court
Waldo, Mrs. Guy H., Jr. R. 5, Brook Knoll
Woolery, Mrs. Richard H. 2020 Denson Ave.

Guha, Mrs. Durga D. 1208 Brook St. Mitchell 47446

MARION COUNTY

Link, Mrs. Goethe Box 84, Brooklyn 46111
Taylor, Mrs. Robert L. 114 Westbourne Dr. Brownsburg 46112
Doran, Mrs. J. Hal
R.R. 2, Box 76 F, Brownsburg 46112
Habegger, Mrs. E. Dale R.R. 2, Box 116 Brownsburg 46112

Carmel
(*Zip Code* 46032)

Bojrab, Mrs. Lewis 1908 Commons Dr., Apt. B
Carlson, Mrs. Milton R. 12415 Brookshire Pkwy.
Cassady, Mrs. James E. 3121 Birch Canyon Dr.
Chapman, Mrs. William E. ..11031 Lake Shore E. Dr.
Clutter, Mrs. David R. 5920 Bunty Lane
Cooper, Mrs. Daniel F. 23 Lakeshore Ct.
Cravens, Mrs. Robert 12004 Brookshire Pkwy.
Cuthbert, Mrs. Marvin R. R. 2

Fiscus, Mrs. Clifford 3807 Rolling Springs Dr.
Foster, Mrs. Lee N. R. R. 3, 2020 W. 136th St.
Hasewinkel, Mrs. Carroll W. R. R. 2, Box 354
Hennessee, Mrs. Samuel D. 458 Ash Drive
Jontz, Mrs. Jon P. 11929 Forest Dr.
Karsell, Mrs. William A. 10518 Hussey Lane
Kernek, Mrs. Clyde B. 3609 Brian Place
Kettlekamp, Mrs. Donald 11325 Lakeshore Dr. E.
Kingsbury, Mrs. David H. ..10 Arrowae Dr., Apt. E
Lang, Mrs. Jay W. R. R. 2, Box 303 A
Lord, Mrs. Thomas J. 10435 Hussey Lane
Lucas, Mrs. Fred 11802 Eden Glen Dr.
Masbaum, Mrs. Ned P. 3535 Timber Springs Ct.
Owen, Mrs. John E. 11329 Rolling Springs Dr.
Permer, Mrs. Erwin R. R. 1, Box 619F
Price, Mrs. David 10726 Lakeview Dr.
Ragan, Mrs. William D. 11416 Lake Shore Dr. E.
Rusk, Mrs. Barton J. 1103 W. 136th St.
Sicks, Mrs. O. W. 1970 Hamilton Lane
Stoelting, Mrs. Robert K. 11424 Dona Dr.
Thatcher, Mrs. Hugh K., Jr. 11318 Dona Dr.
Van Campen, Mrs. Warren M.
11422 Lakeshore Dr. E.
Van Meter, Mrs. C. Powell ..840 Indian Trails, Apt. A
Wheeler, Mrs. Edward C. 11819 Eden Glen Dr.
Zimmer, Mrs. John F. 212 Second Ct.

Harding, Mrs. M. Richard
1460 Stringtown Rd., Cicero 46034
Arnold, Mrs. Anthony
287 Restin Rd., Greenwood 46142
Cockrell, Mrs. D. Kete
785 Brookview Dr., Greenwood 46142
Feeney, Mrs. Martin T. 4094 Rocking Chair Rd.
Greenwood 46142
Serrano, Mrs. Edward
792 Colonial Way, Greenwood 46142

Indianapolis

(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank 5318 N. Bosart (20)
Allen, Mrs. Robert K. 737 Sherwood Dr. (40)
Alvis, Mrs. David 740 W. Kessler Blvd. (08)
Alvis, Mrs. Edmond O. 474 W. 92nd St. (60)
Antreasian, Mrs. Berj. ...5517 Far Hill Rd. (26)
Appel, Mrs. Richard H. 122 E. 61st St. (20)
Applegate, Mrs. Geo. W. 9033 Buckeye Ct. (60)
Armer, Mrs. Robert M. 4208 Cold Spring Rd. (08)
Arnold, Mrs. Robert D. 5470 E. 16th St. (18)
Asher, Mrs. James W. 8407 Moore Rd. (78)
Atz, Mrs. William A. 822 Boulder Rd. (17)
Avery, Mrs. George O.
5321 Kessler Blvd. N. Dr. (08)

B

Bachmann, Mrs. Arnold J. ...1615 Oles Drive (8)
Bader, Mrs. Joseph 6457 Bramford Court (56)
Bakemeier, Mrs. Otto H. ...5535 E. St. Clair St. (19)
Ball, Mrs. Joseph E. 6612 E. Ninth St. (19)
Barnes, Mrs. Gilbert H. ...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W. ..6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley ...6001 Sunset Lane (8)
Bauer, Mrs. Thomas B. 7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. 4421 E. 75th (50)
Beasley, Mrs. Thos. J. 715 E. 70th Place (20)
Beck, Mrs. Evart M. 6445 N. Olney St. (20)
Becker, Mrs. Harry G. ...5641 Haverford Ave. (20)
Beeler, Mrs. John W. 7974 N. Illinois St. (60)
Beering, Mrs. Steven C. ...1730 Brewster Rd. (60)
Belt, Mrs. James H. 8652 Emerald Lane (60)
Benages, Mrs. Anthony 2210 E. 58th St. (20)
Bender, Mrs. Bruce H. 532 Estes Park Ct. (17)
Benedict, Mrs. Paul F. 5443 Surrey Hill Rd. (26)
Bennett, Mrs. Ivan F. ..8452 Green Braes, N. Dr. (34)
Bennett, Mrs. James E. ...5865 Hunter Glen Rd. (26)
Benson, Mrs. J. Thomas ..5437 N. Meridian St. (08)
Berman, Mrs. J. K. 3939 Cooper Lane (08)
Bibler, Mrs. Lester D. ...4360 N. Pennsylvania St. (5)
Blackburn, Mrs. Robert A. ..8706 Ridge Hill Dr. (17)
Blackwell, Mrs. Donald S. ...3322 Lincoln Court (8)
Blake, Mrs. Albert L. 6471 Knyghton Rd. (20)
Blatt, Mrs. A. Ebner 5330 N. Illinois St. (8)
Boling, Mrs. Fred F. 3849 N. Tansel Rd. (34)
Boling, Mrs. Grover, C., Jr. ..5775 Brookwood Rd.
(26)
Booth, Mrs. Boynton H. ...5735 Braewick Rd. (26)
Brady, Mrs. Thomas A., Jr. ..225 Wellington Rd. (60)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brillhart, Mrs. James R. 4500 E. 75th St. (50)
Brogan, Mrs. Thomas M. ...9407 Maters Rd. (50)
Brooks, Mrs. Fred 1660 Cunningham Dr. (24)
Brown, Mrs. David E. ...7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr. ..4363 Coldspring Rd.
(08)
Brown, Mrs. Earl R., Jr. ..5450 Channing Rd. (26)
Brown, Mrs. Gordon T. ...8170 Oakland Rd. (40)
Brown, Mrs. Wendell E. ...3750 N. Gale St. (18)
Brueckmann, Mrs. F. Robert ..5280 Channing Rd.
(26)
Bullard, Mrs. J. Roger ...10337 East 52nd St. (36)
Burdette, Mrs. Harold 6310 Glencoe Dr. (60)
Burt, Mrs. Michael R. 3107 Lupine Dr. (24)
Butler, Mrs. John O. 5528 Manker (27)
Butterworth, Mrs. Joseph C.
4622 Fall Creek Pkwy., N. Dr. (05)

C

Cahn, Mrs. Peter H. 7025 Hoover Road (60)
Campbell, Mrs. Richard W. 3625 E. 71st St. (20)
Campbell, Mrs. Robert L.
8918 W. 82nd, R.R. #16 (78)
Caputi, Mrs. Saverio ...5115 N. Meridian St. (8)
Cates, Mrs. J. R. 421 Ashford Court (24)
Cattell, Mrs. Lee M. 555 Forest Blvd. (40)
Cavins, Mrs. John A. 6202 N. Sherman (20)
Chattin, Mrs. William R. ...4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M. ...4403 Radnor Rd. (26)
Christie, Mrs. Marvin C. ..3340 E. Loretta Dr. (27)
Clark, Mrs. Geo. A. 620 Forest Blvd. (40)
Cline, Mrs. Donald L. ...704 Braeside South Dr. (60)
Cobb, Mrs. Clarence M. ...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E. 6305 Bramshaw Rd.
(20)
Conway, Mrs. Glenn 2235 E. Garfield Dr. (3)
Cookson, Mrs. L. U. 360 W. 62nd St. (60)

Copher, Mrs. David E. 7960 Fox Run Rd. (78)
Cortese, Mrs. James V. ...6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr. ..5411 East 56th St. (26)
Cortese, Mrs. Thomas A., Sr. ..3525 Payne Dr. (27)
Costin, Mrs. Robert L. ..8028 Morningside Dr. (40)
Countryman, Mrs. Frank W. ..4140 E. 75th St. (50)
Cronin, Mrs. H. Joseph ..7843 Windcombe Blvd. (40)
Crossin, Mrs. James A. ...7436 Hazelwood Ave. (60)
Cure, Mrs. Charles W. ..414 W. Kessler Blvd. (08)
Curry, Mrs. R. Louis 7250 N. Chester (40)
Cusick, Mrs. James A. 8829 Rexford Rd. (60)

D

Daley, Mrs. Edward H. .5118 East Dickson Road (26)
Dallas, Mrs. F. R. 3649 E. 71st St. (20)
Dalton, Mrs. Wm. W. 1736 Winchester Dr. (27)
Daly, Mrs. Joseph M. 5969 Singleton Ave. (27)
Daly, Mrs. Walter J. ...3309 Kenilworth Dr. (08)
Davis, Mrs. Sam J. 230 W. 64th (60)
Deacon, Mrs. Walter Ellis 5037 Guion Rd. (54)
Dearmin, Mrs. Robert M. ..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W. 6801 S. East St. (27)
Deitch, Mrs. Robert D. ..9064 Dewberry Court (60)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M. ..2802 Lindbergh Dr. (27)
Dick, Mrs. William H. ...8720 Log Run Dr. S. (34)
Dill, Mrs. Charles W. 4111 S. Sherman Dr. (27)
Dolan, Mrs. Patrick A. 9038 Chestnut Ct. (60)
Donahue, Mrs. James 945 Spannwood Rd. (08)
Donato, Mrs. Albert M. ...5915 Lawrence Dr. (26)
Doughty, Mrs. Samuel R. ...5258 Channing Ct. (26)
Douglas, Mrs. William T. ..5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E. ...5835 N. Tacoma Ave. (20)
DuBois, Mrs. Michael B. 1416 N. Alabama (02)
Dugan, Mrs. John R. 5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..8186 N. Pennsylvania (40)
Dugan, Mrs. William M. ...5843 Brockton Dr. (20)
Dunkin, Mrs. Ramon S. 5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr. 120 Arden Dr. (20)

E

Eastman, Mrs. Joseph R., Jr. ..220 W. 64th St. (60)
Eaton, Mrs. Edwin R. 234 Pine Dr. (60)
Eaton, Mrs. Lyman D. 10119 Hamilton Hills Lane (50)
Echt, Mrs. Charles R. 9065 Pickwick Dr. (60)
Edwards, Mrs. David J. ...6840 Kingman Drive (56)
Egbert, Mrs. Herbert L. 419 W. 63rd St. (60)
Eicher, Mrs. Palmer O. ..4401 N. Washington Blvd. (5)
Elkins, Mrs. James P. 2045 Lick Creek Dr. (03)
Elliott, Mrs. Daniel R. ..7610 Candlewood Lane (50)
Ellis, Mrs. Bert E. 3910 E. 57th St. (20)
Ellis, Mrs. Forrest D. 4621 Melbourne Rd. (08)
Ellis, Mrs. William N. ..7515 Brookview Circle (50)
Emhardt, Mrs. John T. 3305 Brill Rd. (27)

F

Fechtman, Mrs. William F. 7980 High Dr. (40)
Ferrara, Mrs. Thomas A. ...5229 Leone Place (26)
Finneran, Mrs. Joseph C. 1250 E. 80th St. (40)
Fischer, Mrs. Carl R. ...7204 Kingsford Dr. Apt. B. (60)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. ..3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O. 5604 Rockville Rd. (24)
Fortuna, Mrs. Frank 533 Mellowood Dr. (17)
Fosgate, Mrs. Harold L. ...4301 E. 38th St. (18)
Foster, Mrs. Lowell G. 4343 Grayson Dr. (08)
Fouts, Mrs. Paul J. 8393 N. Illinois St. (60)
Freed, Mrs. Carl A. ...4334 Springwood Trail (8)
French, Mrs. Richard N., Jr. ..8530 Lamira Lane (34)
French, Mrs. Richard S. 5420 N. Meridian (08)
Fry, Mrs. Robert D. ...6701 N. College, Apt. 505 (20)
Fulton, Mrs. William H. ..1934 Remington Dr. (27)
Funkhouser, Mrs. A. G. ...2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gabrielsen, Mrs. Ted H. ..20 Meridian Place (05)
Gaddy, Mrs. Nelson 3226 W. 46th St. (08)
Garber, Mrs. J. Neill ...7036 N. Pennsylvania (20)
Gardiner, Mrs. Sprague H. ...330 W. 62nd St. (60)
Gardner, Mrs. Austin L. ..7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman ..530 Willow Spring Rd. (40)
Gardner, Mrs. Norman D. 4925 Buttonwood Crescent (08)
Garrett, Mrs. Robert A. 95 Wellington Rd. (60)
Gaurano, Mrs. L. M. 4713 Millersville Rd. (26)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E. ...7085 N. Pennsylvania (20)
Gillespie, Mrs. Charles F. ..4530 Berkshire Rd. (26)
Girod, Mrs. Donald A. 6760 W. 79th St. (78)
Glover, Mrs. John L. 6160 Sunset Lane (08)
Goldenberg, Mrs. David B. ...1310 Alderly Rd. (60)
Goldman, Mrs. Samuel ...428 Woodmere Dr. (60)
Gosman, Mrs. James H. ..8235 Washington Blvd. (40)
Graber Mrs. Martin 3910 Dundee Dr. (27)
Graham, Mrs. John D. ..6315 Old Orchard Rd. (26)
Grayson, Mrs. Ted L. 8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E. ..2014 Winchester Dr. (27)
Gregory, Mrs. Robert L.
6655 E. Pleasant Run Pkwy, S. Dr. (19)
Greist, Mrs. John H. ..4343 Washington Blvd. N. (5)
Griffin, Mrs. Leslie 3203 W. 57th St. (8)
Griffith, Mrs. Richard S. ..2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L. ..5211 Brendon Ridge Rd. (26)
Grosfeld, Mrs. Jay L. ...7979 N. Meridian St. (60)
Grosz, Mrs. Hanus J. 7233 Lakeside Dr. (78)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Hadley, Mrs. David ..5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B. ..5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M. ..7346 Lions Head Drive (60)

Hall, Mrs. Jack H. 5960 Braewick Rd. (26)
Hamburger, Mrs. Richard J. ..1209 Darby Lane (60)
Hampshire, Mrs. Donald R. ..7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ..5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A. 5009 W. 15th St. (24)
Harcourt, Mrs. Robert S. ..5500 E. 56th St. (26)
Harger, Mrs. Robert W. ..46 West 52nd Street (8)
Haslinger, Mrs. Clarence J. ..2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W. ..5851 E. 54th Pl. (26)
Hawk, Mrs. Edgar A. 7328 Huntington Rd. (40)
Hawk, Mrs. James H. 26 W. Laverock Rd. (08)
Haynes, Mrs. John T. 4139 Juniper Ct. (50)
Hays, Mrs. Everett L. 2607 Manker Ave. (3)
Heck, Mrs. Larry 2103 Whitewood Ct. (60)
Helmen, Mrs. Charles H. 5269 Roland Dr. (08)
Helmer, Mrs. O. M. 5015 N. Illinois St. (8)
Helveston, Mrs. Eugene M. ..7241 Merriam Rd. (40)
Herod, Mrs. Gilbert T. 4741 Boulevard Pl. (08)
Heubi, Mrs. John E. 6904 Park Ave. (20)
Hill, Mrs. Herbert ..4422 Melbourne, W. Dr. (8)
Himelstein, Mrs. N. Harvey ..5250 Olympia Dr. (8)
Hitchcock, Mrs. Larry G. 3743 Ashway Dr. (24)
Hogan, Mrs. Michael A. ..7514 Brookview Circle (50)
Hood, Mrs. Ainslee A. ...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce 1910 E. 109th (80)
Howell, Mrs. Joseph D. 4514 E. 79th St. (50)
Hoyt, Mrs. Millard L. ..5725 Hunterglen Rd. (26)
Hubbard, Mrs. J. D. 4330 Black Oak Dr. (08)
Hull, Mrs. Ronald H. 6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D. ..4045 Clarendon Rd. (8)
Hunt, Mrs. James 5454 N. Illinois (08)
Hunter, Mrs. Charles A. 5218 Nob Lane (26)
Hurwitz, Mrs. Roger ...9079 Dewberry Court (60)
Huse, Mrs. William Murray ...7402 Hazelwood (60)
Hutson, Mrs. Richard A. ..7648 Candlewood Lane (50)

I-J

Irwin, Mrs. Glenn W., Jr. 5801 Sunset Lane (08)
Isch, Mrs. John M. 6901 N. Pennsylvania (20)
Iske, Mrs. Paul G. 818 E. 79th St. (40)
Jay, Mrs. James M. 6304 Sycamore Hill (20)
Jesseph, Mrs. John E. ..5230 N. Meridian St. (08)
Jewett, Mrs. Joe H. 5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H. ..6532 Carrollton Ave. Apt. 56 (20)
Johnson, Mrs. A. Cedric, Jr. 4560 Melbourne Rd.
Johnson, Mrs. Earl H. ..4801 Plantation Dr. (50)
Johnson, Mrs. Thomas W. 351 W. 63rd St. (60)
Jolly, Mrs. Walter W. 50 W. 64th St. (60)
Jones, Mrs. David E. ..5433 Hawthorne Dr. (26)
Jones, Mrs. George ..8933 Southeastern Ave. (39) (Wanamaker)
Joseph, Mrs. Rex M. 620 Hickory Lane (27)
Jowitt, Mrs. Richard H. ..5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L. 5505 Far Hill Rd. (26)
Judson, Mrs. Walter E. 844 Fleetwood Dr. (08)

K

Kaiser, Mrs. James L. 4909 N. Meridian (08)
Katterjohn, Mrs. James C. ..9035 Pickwick Dr. (60)
Keenan, Mrs. George B. ..2015 E. Thompson Rd. (27)
Kendrick, Mrs. Wm. M. 675 Forest Blvd. (40)
Kennedy, Mrs. Hunter F. ..5026-B Allisonville Rd. (05)
Kennedy, Mrs. Joseph T. ..5316 Brendonridge Rd. (26)
Kenney, Mrs. David B. ..5301 Shorewood Dr. (26)
Kerner, Mrs. Donald J. 731 Mellowood (17)
Killen, Mrs. Larry R. 1843A Pemberton Ln. (60)
Kim, Mrs. Kil Chol 5371 E. 74th Pl. (50)
King, Mrs. Harold K. 8018 Conarroe Rd. (78)
King, Mrs. Michael S. 8002 Cheswick Dr. (19)
Kirkhoff, Mrs. Paul J. ...5214 Laurel Hall Dr. (26)
Kissel, Mrs. Wesley A. ...3721 Briarwood Dr. (40)
Klain, Mrs. Benjamin V. ...830 Park Central (60)
Kleit, Mrs. Stuart A. 9016 Buckthorne Ct. (40)
Knowles, Mrs. Charles Y. 7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G. ..645 E. 80th St. (40)
Kooiker, Mrs. John E. 1143 W. 75th St. (60)
Koons, Mrs. Karl M., Jr. ..5725 Brookwood Rd. (26)
Kopecky, Mrs. Robert R. 2529 S. Tulip Dr. (27)
Kraft, Mrs. Bennett 7025 Washington Blvd. (20)
Kryszek, Mrs. S. H. ..862C Park Hoover Village Dr. (60)
Kurlander, Mrs. Gerald J. ..7917 Spring Mill Rd. (60)
Kurtz, Mrs. Philip L. 296 W. 73rd St. (60)
Kurtz, Mrs. Richard ..7570 Morningside Dr. (40)
Kwitny, Mrs. I. J. ..2206-A Boston Court (08)

L

LaDine, Mrs. Clarence B. 5417 N. Meridian (8)
Lamb, Mrs. Emmett B. ...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W. ...4636 N. Capitol Ave. (8)
Lamkin, Mrs. E. Henry, Jr. ...41 E. 54th St. (20)
Lasich, Mrs. Anthony R. ...5320 Channing Rd. (26)
Lawrence, Mrs. James M. ..8036 Gunnery Circle (78)
Leffler, Mrs. Wm. T. 250 E. 70th St. (20)
Lehman, Mrs. Evan L. ..5051 Buttonwood Crescent (08)
Leser, Mrs. Ralph U. 5434 Ashurst St. (20)
Levi, Mrs. Leon ...6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S. 6380 W. Ohio St. (24)
Lewis, Mrs. Robert J. 5354 Channing Rd. (26)
Lidikay, Mrs. Edward C. 6235 N. Tuxedo (20)
Liebschutz, Mrs. Norman H. .8930 Sourwood Ct. (60)
Lindenborg, Mrs. Paul G. ..6431 Creekside Lane (26)
Lindseth, Mrs. Richard E. ...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E. ..4235 N. Pennsylvania (5)
Lord, Mrs. Glenn C. ...7437 Holliday Dr. W. (60)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C. ..6335 Around the Hills Rd. (26)
Lukemeyer, Mrs. George T. ...8395 N. Illinois (60)
Luros, Mrs. J. Theodore 156 Fairway Dr. (60)

M

McAree, Mrs. Francis E. .5521 Overbrook Circle (26)
McBride, Mrs. James S. ..6538 N. Carrollton Apt. 37 (20)
McCallum, Mrs. Donald C. ..5610 E. 56th St. (26)
McCallum, Mrs. James J. ...7618 Woodside Dr. (60)

McCallum, Mrs. Robert N. ..1151 Pimbury Ct. (60)
McCarthy, Mrs. Leo J. 532 Wellington Rd. (60)
McCartney, Mrs. Donald H. ..410 East 56th St. (20)
McClain, Mrs. Edwin S. 416 W. 77th St. (60)
McCord, Mrs. George E. ..4308 Thornleigh Dr. (26)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McDaniel, Mrs. Edwin C. ...6362 Breamore Rd. (20)
McDougal, Mrs. Bud H 8840 Shagbark Rd. (60)
McDougal, Mrs. Robert A. ..5339 Hedgerow Dr. (26)
McIntyre, Mrs. James M. ..7360 Hazelwood Ave. (60)
McLaren, Mrs. D. E. 5216 Nob Lane (26)
McNutt, Mrs. Cyrus C. ..8639 Lancaster Rd. (60)
McQuiston, Mrs. Ralph J. ...6120 Lawrence Dr. (26)
Mackey, Mrs. John E. 940 W. 58th St. (8)
Madden, Mrs. Robert J. 1420 Audubon Rd. (19)
Mandel, Mrs. Darrel S. 8011 Lieber Rd. (60)
Mandelbaum, Mrs. Isidore ..803 Springmill Lane (60)
Manders, Mrs. Karl L. 5845 Highfall Rd. (26)
Manion, Mrs. Marlow W. .5132 N. New Jersey St. (5)
Manning, Mrs. Randolph ...202 E. 75th St. (40)
Marshall, Mrs. Albert L., Jr. ...3801 N. Meridian St. (08)
Martz, Mrs. Carl D. 7926 Hawthorne Ct. (26)
Masters, Mrs. John M. 34 E. 46th St. (5)
Masters, Mrs. Robert J. 330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh 2932 Lake Shore Dr. (05)
Matthews, Mrs. B. J. 966 North Graham (19)
Matthews, Mrs. William M. ..5215 Knob Lane (26)
Maxam, Mrs. Beverly T. ..6220 Sunset Lane (60)
Mealey, Mrs. John, Jr. 7647 Washington Blvd. (40)
Megenhardt, Mrs. Dennis 4000 N. Meridian (08)
Mercho, Mrs. Jean P. ..5302 Brendonridge Rd. (26)
Michael, Mrs. Isaac E. 5208 Roland Dr. (8)
Middleton, Mrs. H. N. ...3828 Rookwood Ave. (8)
Mikulaschek, Mrs. Walter M.
8711 Green Braes, S. Dr. (34)
Miller, Mrs. Jerry A. 1430 Brewster Rd. (60)
Miller, Mrs. Jerry R. ..7237 Sylvan Ridge Rd. (40)
Miller, Mrs. Lee H. ..5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E. 7400 W. 88th St. (78)
Moe, Mrs. John F. 4360 Swanson Dr. (08)
Moore, Mrs. Donald F. ..1315 West 10th Street (7)
Moore, Mrs. Harold T. ..5802 Allisonville Rd. (20)
Moore, Mrs. Thomas O. 7424 Bentley Dr. (24)
Moosey, Mrs. Neale A. 7212 Merriam Rd. (40)
Moran, Mrs. Thomas E. .6730 Yellowstone Pkwy (17)
Morgan, Mrs. Robert J. 8034 Cheswick Dr. (19)
Moriarty, Mrs. John 6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II ..7501 Mohawk Lane (60)
Morton, Mrs. Joseph L. 3272 W. 42nd St. (8)
Morton, Mrs. Philip M. 4475 Sylvan Road (08)
Mosbaugh, Mrs. Philip G. ...623 Round Hill Dr. (60)
Moss, Mrs. H. C. ..4802 North Washington Blvd. (5)
Mothersill, Mrs. M. H. ..3650 N. College Ave. (05)
Mouser, Mrs. Robert W. ..5545 N. Meridian St. (8)
Muller, Mrs. Lullus P. ..5675 Washington Blvd. (20)
Mullinix, Mrs. F. Michael ..7906 Scarborogh Blvd.

N

Nagan, Mrs. Robert F. 555 Somerset Dr. (60)
Nasser, Mrs. W. K. ..5420 N. Grandview Dr. (08)
Nation, Mrs. Robert D.
1101 Kessler Blvd., W. Dr. (08)
Nay, Mrs. Richard M. ..6625 N. Sherman Dr. (20)
Need, Mrs. David J. 530 Phaeton Pl. (27)
Need, Mrs. Louis T. 3627 Bluff Rd. (17)
Need, Mrs. R. L. 6747 Everglades Ct. (17)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M. 7978 N. Illinois (60)
Nie, Mrs. Louis W. 480 Kessler Blvd. W. Dr. (08)
Nohl, Mrs. John M. 5410 Eastridge Dr. (19)
Norris, Mrs. Max S. 8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H. ..8064 Morningside Dr. (40)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Offutt, Mrs. Harry D., Jr. 6640 Dean Road (20)
Olvey, Mrs. Ottis N. ..420 Kessler Blvd. W. Dr. (08)
Olvey, Mrs. Stephen 5323 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr., ..8333 N. Illinois St. (60)

P

Pantzer, Mrs. John G., Jr. 100 Gregg Rd. (60)
Parks, Mrs. Herbert E. ..5533 Overbrook Circle (26)
Parr, Mrs. Robert L. 4407 Dickson Rd. (26)
Paulissen, Mrs. George T. ..741 E. Markwood (27)
Pearce, Mrs. Robert M. 134 E. Berwyn St. (25)
Peck, Mrs. Franklin B., Jr. ..8181 Lincoln Blvd. (40)
Peters, Mrs. Robert J. D. ..3203 E. Michigan St. (1)
Pickett, Mrs. Robert D. ..5615-B Roxbury Terrace (26)
Pierce, Mrs. Emmett 1034 N. Bolton Ave. (19)
Pile, Mrs. Stafford, W., Jr. ..8109 Bramwood Court
Pittman, Mrs. John N. 201 W. 106th St. (90)
Pontius, Mrs. Edwin E.
6221 Avalon Lane, East Dr. (20)
Popplewell, Mrs. Arvine G. 4718 Lynton Ct. (54)
Powell, Mrs. Richard C. ..5359 Hedgerow Dr. (26)
Pratt, Mrs. G. B. ..9084 Dewberry Court (60)
Price, Mrs. James O. Park Hoover Village
6433 Park Central Dr. (60)
Pryor, Mrs. Richard C. ..4730 Cranbrook Dr. (50)

Q

Qazi, Mrs. Harrom M. 541 Wellington Rd. (60)

R

Raber, Mrs. Robert M. 265 Williams Ct. (60)
Rademacher, Mrs. Wade 6054 Garver Rd. (08)
Ramage, Mrs. Walter F. ..5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B. 1401 W. 52nd St. (8)
Randolph, Mrs. Joseph C. 2900 Galahad Dr. (08)
Rapp, Mrs. George F. 200 Forest Blvd. (40)
Reed, Mrs. Robert G. 8318 Nashua Dr. (60)
Rees, Mrs. Russel C. ..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A. ...6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A. 5250 Roland Dr. (8)

Renbarger, Mrs. Lester L. 8041 Hoover Ln. (60)
Rice, Mrs. Raymond D. 722 Pine Dr. (60)
Ritter, Mrs. Merrill A. 6736 W. 71st St. (78)
Robb, Mrs. John A. ..5151 N. Pennsylvania St. (5)
Robbins, Mrs. Lewis C. ..5838 Carollton Ave. (20)
Robinson, Mrs. Robert J. ...2832 E. Loretta Dr. (27)
Roesch, Mrs. Ryland ...5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L. ..2618 Bluffwood Dr., W. (8)
Romberger, Mrs. Floyd T., Jr. ..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D. .5254 N. Delaware St. (20)
Rosenberg, Mrs. Gabriel J. .840 Spring Mill Lane (60)
Ross, Mrs. Alexander T. ..6050 Knyghton Rd. (20)
Roushdi, Mrs. Hussein A. 5228 Brendonridge Rd. (26)
Rowe, Mrs. George 5507 Hedgerow Dr. (26)
Rubush, Mrs. John L. 2228 Rome Dr. (08)
Ruddell, Mrs. Keith R. ..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. ..5311 N. Pennsylvania (20)
Ruth, Mrs. Martin L. ...7 N. Colorado Ave. (01)
Ryan, Mrs. Glen V. 3433 W. 46th St. (05)

S

Sabens, Mrs. James A. 5354 N. Meridian (08)
Sage, Mrs. Russell A. ..7531 Morningside Dr. (40)
Sanders, Mrs. Fred ...6154 Forest View Dr. (08)
Schechter, Mrs. John S. ..6333 Glen Coe Dr. (60)
Schlegel, Mrs. Donald M. ...3944 Cranbrook (40)
Schmalhausen, Mrs. A. W. 6227 Hillcrest Ln. (20)
Schmidt, Mrs. Paul E. 1615 Guildhall Court (60)
Schneider, Mrs. Carl J. ..4819 Round Lake Rd. (05)
Schnute, Mrs. Richard ...752 Round Hill Rd. (60)
Schroeder, Mrs. James E. 6815 Creekside Ln. (20)
Schuchman, Mrs. Gabriel ..5944 Central Ave. (20)
Schuster, Mrs. Dwight 6510 N. Chester Ave. (20)
Scofield, Mrs. John B. 9014 Pickwick (60)
Scott, Mrs. George E. 4110 Roland Rd. (08)
Searight, Mrs. John L. 5830 University (19)
Sedam, Mrs. Herbert L. ..4819 Millersville Rd. (26)
Sellmer, Mrs. George 8760 Driftwood (40)
Sexson, Mrs. Hiram T. ..5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. ...6290 Allisonville Rd. (20)
Shanafelt, Mrs. Donald K. 5457 E. 77th St. (50)
Shapiro, Mrs. Burton J. ..525 Woodmere Dr. (60)
Sheehan, Mrs. Francis G. ..8436 Browning Dr. E. (27)
Shipley, Mrs. Edward C. ..5504 Hawthorne Dr. (26)
Shumacker, Mrs. Harris B., Jr.
7481 Holliday Dr. E. (60)
Siderys, Mrs. Harry 9015 Kirkham Ct. (60)
Sigmond, Mrs. Harvey 5548 N. Meridian (08)
Silbert, Mrs. Robert 8706 Lancaster Rd. (60)
Silver, Mrs. Richard ..1114 Frederick Dr. South (60)
Sims, Mrs. J. Lawrence ...3723 N. Gale St. (18)
Sluss, Mrs. David 3657 Washington Blvd. (5)
Smith, Mrs. David E. 2118 Whitewood Ct. (26)
Smith, Mrs. Jerrold R. 4529 Dickson Rd. (26)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Smith, Mrs. Richard N. 5786 N. New Jersey (20)
Sobat, Mrs. William 1210 Alderly Rd. (60)
Sovine, Mrs. Joe W. ...8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L. 7456 Lions Head Dr. (60)
Spears, Mrs. John M. 6910 Shelby (27)
Spitzberg, Mrs. Daniel H. ..1028 Fairway Dr. (60)
Sputh, Mrs. Carl B., Jr. ..5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E. ...5601 E. 21st St. (18)
Stayton, Mrs. Chester A., Jr. ..5580 Washington Blvd. (20)
Steger, Mrs. B. L. 5241 Marott Court (26)
Stephens, Mrs. Donald E. ...5555 Broadway (20)
Stoelting, Mrs. V. K. 4706 Laurel Circle (26)
Stogsdill, Mrs. Willis W. 8950 Shagbark (60)
Stone, Mrs. Alvin T. 6295 N. Tuxedo (20)
Stone, Mrs. William M. 7530 Cape Cod Circle (50)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B. 5041 Central Ave. (5)
Strang, Mrs. Wm. C. 7760 Cree Trail (50)
Streeter, Mrs. Ralph T. 5265 N. Meridian (08)
Stucky, Mrs. Elsworth K. ..4528 N. Meridian St. (8)
Stump, Mrs. Thomas 4486 S. Meridian St. (17)
Swan, Mrs. John R. 320 Arden Dr. (20)
Symmes, Mrs. Alfred T. 6445 N. Illinois (60)

T

Talbott, Mrs. Dan E. ..6470 N. Michigan Rd. (68)
Taylor, Mrs. Clifford C. .3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W. 40 E. 43rd St. (5)
Taylor, Mrs. Harold F. ...9450 Belle Manor Ln. (60)
Taylor, Mrs. Willis D. 710 E. 73rd St. (40)
Tether, Mrs. J. Edward 4839 E. 56th St. (20)
Tharpe, Mrs. Ray G. 6161 Sunset Lane (8)
Thoman, Mrs. Rex L. 7338 N. Chester (40)
Thomas, Mrs. Charles R. ..9009 E. Southport Rd. (59)
Thomas, Mrs. Fred A. 5827 Broadway (20)
Thomas, Mrs. Lowell I. ...28 W. Hampton Dr. (8)
Thomas, Mrs. Michael ..7246 Sylvan Ridge Rd. (40)
Thomas, Mrs. Morris E. ..6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D. ..6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne ..6519 Creekside Lane (20)
Throop, Mrs. Frank B. ...5100 Lancelot Dr. (08)
Tindall, Mrs. George T. .6655 N. Chester, E. Dr. ((20)
Tinsley, Mrs. Walter B., Sr. ..5300 W. 96th Street (68)
Tord, Mrs. Jose N. 8140 Taunton Road (60)
Torrella, Mrs. Jose A. 5721 W. 18th St. (24)
Townley, Mrs. Normand T. ..6211 Harbridge Rd. (20)
Trainer, Mrs. Thomas 9011 Yellowwood Ct. (60)
Trudgen, Mrs. Spencer F. 9085 Pickwick (60)
Trusler, Mrs. H. Marshall ..8750 Coventry Road (60)
Tuchman, Mrs. Joseph H. ..8515 Spring View Dr. (60)
Tumuluri, Mrs. V. 5912 Fieldcrest Ln. (41)
Tushan, Mrs. Faye S. 6303 Lands End Lane (20)
Twenty, Mrs. John D. ...2145 Rome Dr., Apt. A (08)

U-V

Ullom, Mrs. Ralph 520 Wayside Dr. (60)
Van Hove, Mrs. Eugene D. ..7816 Windcombe Blvd. (40)
Voelkel, Mrs. Paul B. ..6228 Newberry Ct. #2105 (56)
Vollrath, Mrs. Victor J. .7980 N. Pennsylvania St. (40)
Vore, Mrs. Robert E. 5350 Marmon Circle (26)

W

Wahle, Mrs. William M. ..1710 Brewster Rd. (60)
Waife, Mrs. S. O. 8140 N. Illinois St. (60)
Wainscott, Mrs. Clinton S. .5332 Channing Road (26)
Waldo, Mrs. J. Thayer 420 W. 64th St. (60)
Walthall, Mrs. Gerald C. 3348 Pinecrest Rd. (34)
Walther, Mrs. Joseph E. .4266 N. Pennsylvania St. (5)
Walton, Mrs. William M. ...8007 N. Illinois St. (60)
Warneke, Mrs. Charles H. ..6115 Spring Mill Rd. (08)
Warriner, Mrs. James B. ...990 N. Bolton Ave. (19)
Warvel, Mrs. John H. 1101 W. 91st St. (60)
Waters, Mrs. Geo. E., Jr., ...9321 E. 82nd St. (56)
Webb, Mrs. Michael K. ..7224 Huntington Rd. (40)
West, Mrs. Joseph L. 355 W. 62nd St. (60)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E. ..6100 Old Shelbyville Rd. (27)
White, Mrs. Charles F. 5806 Hoover Rd. (08)
White, Mrs. Donald J. ..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. John B. ...5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. Gary C. 3339 Melbourne Rd. (08)
Williams, Mrs. Harold ..5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Wirey, Mrs. Harold R. ..4906 S. Sherman Dr. (27)
Wise, Mrs. William R. ..4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N., Jr. .25 E. 40th St. 7A (05)
Wolfram, Mrs. Don J. ..5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E. ..6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R. ..5751 Central Ave. (20)
Worth, Mrs. Robert M. 1726 Minturn Ln. (60)
Wrege, Mrs. Malcolm ..5411 Shorewood Dr. (20)
Wrenn, Mrs. Robert E. ..3910 N. Centennial St. (08)
Wright, Mrs. J. Wm., Jr. ...4220 Knollton Rd. (8)
Wright, Mrs. Joseph W. III 4004 Cooper Rd. (08)
Wurster, Mrs. Richard E. 5252 Channing Ct. (26)
Wyttenbach, Mrs. John E. ..5808 Eastview Ct. (50)
Yacko, Mrs. Michael L. ..5341 N. Channing Rd. (26)
Yaw, Mrs. Peter B. 7328 N. Chester (40)
Yingling, Mrs. Robert J. 7601 Silverpine Ct. (50)
Young, Mrs. Eusebio C. ..7801 Rough Cedar Lane (50)

Baptisti, Mrs. Arthur .R.R. 3, Box 93, Nashville 47448
Evans, Mrs. Paul V. 1511 Persimmon Place, Noblesville 46060
Haymond, Mrs. Joseph L.
1212 Willow Way, S. Harbor, Noblesville 46060
Paynter, Mrs. Morris B. 115 White Horse Lane, Noblesville 46060
Bowman, Mrs. George W. 11050 Presbyterian Dr. Oaklandon 46236
Leedy, Mrs. Donald K. ..R.R. 1, Box 218 L, Pittsboro 46167
Schaffer, Mrs. Edward .R. 1, Box 291, Westfield 46074

Zionsville
(*Zip Code* 46077)

Davidson, Mrs. N. Cort R.R. 2
Dyken, Mrs. Mark L. R.R. 2, Box 169A
Kalsbeck, Mrs. John E. R.R. 3, Box 255
Lo Sasso, Mrs. Alvin M. R.R. 3, Box 89-6
Miller, Mrs. John D. R.R. 1, Box 134
Overley, Mrs. Ross Hunt Club Road

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N. R.R. 2, Argos 46501
Kemp, Mrs. W. A. 1006 N. Main, Bourbon
Burket, Mrs. Cecil R. 121 E. Grant St., Bremen 46506
Stine, Mrs. Marshall ..420 Shumaker Dr., Bremen 46506
Hippensteel, Mrs. Russell ..936 South Shore Rd. Culver 46563
Bowen, Mrs. Otis R. Governor's Residence Indianapolis 46204
Henry, Mrs. Howard J. R.R. 1, Knox 46563

Plymouth
(*Zip Code* 46563)

Coursey, Mrs. James 310 N. Michigan
DeJesus, Mrs. Jose R.R. #5
France, Mrs. Lloyd C. R.R. 2
Guild, Mrs. Kent R.R. 5
Holm, Mrs. Byron 412 E. Webster
Kovach, Mrs. Drew 406 W. Walnut
Kubley, Mrs. Daniel 926 S. Miner
Kubley, Mrs. James 624 E. LaPorte St.
McClure, Mrs. Clark R.R. 3
Rimel, Mrs. James F. 909 Bayless
Robertson, Mrs. James S. 1081 Highland Ct.

MONTGOMERY COUNTY

Crawfordsville
(*Zip Code* 47933)

Baird, Mrs. Keith 719 West Wabash
Benjamin, Mrs. Samson 7 Twin Oaks
Foltz, Mrs. Jack 913 S. Grant St.
Haller, Mrs. Thomas C. 38 Delmar Dr.
Howland, Mrs. Carl B. R.R. 1
Humphreys, Mrs. John W. 1309 Durham Dr.
Kindell, Mrs. Hurschell R. 9
Kirtley, Mrs. James M. 615 Thornwood Dr.
Ludwig, Mrs. Paul E. 675 Sugar Tree Rd.
Millis, Mrs. Sam 201 Wallace Ave.
Peacock, Mrs. Norman F. 111 Wallace Ave.
Peralta, Mrs. Jose Rt. 3
Richards, Mrs. Edgar E. Danville Rd., R.R.
Shannon, Mrs. Wesley E. 6 Locust Hill Dr.
Stamps, Mrs. Thomas 707 Sycamore Dr.
Viray, Mrs. V. G. 804 North Dr.
Warbinton, Mrs. Fred 403 East Wabash

Blix, Mrs. Fred Ladoga 47954
Rusk, Mrs. Hubert M. Box 36, Wallace 47988
Thompson, Mrs. Claude Waynetown 47990

MORGAN COUNTY

Martinsville
(*Zip Code* 46151)

Alarcon, Mrs. Arcadio Sunnyside Dr.
Brubeck, Mrs. Robert 789 Valley Drive
Drake, Mrs. Ellery T. Box 110
Eisenberg, Mrs. David ...Box 310, Sunnyside Dr.
Gray, Mrs. Leon 589 Valley Drive N.
Hardin, Mrs. Steve Liberty Loop
Jones, Mrs. William H. ...1910 John Wooden Drive
Mershon, Mrs. Jack Bell 790 Valley Drive
Miller, Mrs. Ray D. R.R. 6, Box 67
Miller, Mrs. Robert J. R.R. 3, Box 180
Ostheimer, Mrs. George 340 E. Cunningham
Tuason, Mrs. Leo Lake Edgewood
Turner, Mrs. Maurice A. 490 East Pike St.
Van Wienen, Mrs. John 439 N. Jefferson
Willan, Mrs. Horace R. 109 S. Jefferson
Winter, Mrs. William 415 N. Jefferson St.

Mooresville
(*Zip Code* 46158)

Comer, Mrs. Charles W. R.R. 2
Comer, Mrs. Kenneth E. R.R. 2, Box 276

Murphy, Mrs. Hilda Morgantown 46160
Wilson, Mrs. Oliver R.
Box 65, R.R. 3, Morgantown 46160

NOBLE-LaGRANGE COUNTIES

Kendallville
(*Zip Code* 46755)

Hepner, Mrs. Herman 408 South Main
Murray, Mrs. Roger R#1, Kimmel South Shores
Stallman, Mrs. Carl F. Sunset Shores, R.R. #3

Hooker, Mrs. Donald J. 3 Hawthorne Dr., Ligonier 46767
Stone, Mrs. Robert C. ..Ravine Park Dr., Ligonier 46767
Lehman, Mrs. Kenneth M. P.O. Box 128, Topeka 46571
Thompson, Mrs. Evan Topeka 46571
Martin, Mrs. Allen S. R.R. 2, Shipshewanna 46565
Fipp, Mrs. A. L. Rome City 46784

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R. Sixth St., Cannelton 47520

Tell City
(*Zip Code* 47586)

Lally, Mrs. Bernard 635 10th St.
Lohoff, Mrs. Lewis C. 425 10th St.
Ress, Mrs. Gene E. 1540 13th St.
Smith, Mrs. Fred, Jr. Smith Hill
Ward, Mrs. Robert A. R.R. 1, Box 412

PUTNAM COUNTY

Veach, Mrs. Richard L. Bainbridge 46105
Viera, Mrs. J. Thomas R.R. 2, Coatesville 46121

Greencastle
(*Zip Code* 46135)

Dettloff, Mrs. F. R. 316 Greenwood
Glock, Mrs. Hugh Albin Pond Rd.
Haggerty, Mrs. Fred 600 N. Arlington
Johnson, Mrs. James B. 314 Highfall Ave.
Marvel, Mrs. Robert R.R. 2
Roof, Mrs. Roger 713 Highridge
Schauwecker, Mrs. Cleon M. R.R. 3

RUSH COUNTY

McNabb, Mrs. George B. Carthage 46115
McNabb, Mrs. Richard Carthage 46115
Worth, Mrs. C. Willard Milroy 46156

Rushville
(*Zip Code* 46173)

Connerly, Mrs. Patrick R.R. 5
Corpe, Mrs. Kenneth F. R.R. 4
Dean, Mrs. Donald 310 E. 5th St.
Ellis, Mrs. Davis W. R.R. 2, Rivercrest
Green, Mrs. Frank H. 516 N. Morgan
McKee, Mrs. Harry G. 1109 N. Arthur St.
McKee, Mrs. Harry 1110 N. Morgan St.
Reyes, Mrs. Ordonio 206 W. First St.
Shanks, Mrs. Roy E. 1212 N. Morgan St.

Atkins, Mrs. C. C. R.R. 6, Greensburg 47240

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick 52256 N. Hickory Rd. Granger 46530
Hamilton, Mrs. Charles O. 66288 Millet Rd. Lakeville 46536
Houser, Mrs. D. S.
24641 N. Riley Rd., North Liberty 46554
Naval, Mrs. Joventino C. ..408 North Main St. North Liberty 46554
Fenstermacher, Mrs. Robert E.
203 Clark Blvd., Walkerton 46574

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V. 59053 Bremen Highway
Bogan, Mrs. Wm. C. 15641 Robin Lane
Brechtl, Mrs. Harvey J. 54757 Merrifield
Chamberlain, Mrs. Donald S. ...54712 Merrifield Dr.
Cho, Mrs. Hunkoo 15620 Embers Dr.
Chan, Mrs. John T. 3425 Portsmouth Ct.
Cline, Mrs. Kenneth L. 58600 Summit Ridge
Dean, Mrs. F. K. 15650 Braintree Way
Gabriel, Mrs. Magdi 16529 Baintree Way, Winding Brook
Ganser, Mrs. Richard 1020 Wilson Blvd.
Gerig, Mrs. E. Lavern 713 W. 11th St.
Orr, Mrs. W. Robert 12388 E. Jefferson Rd.

Pairitz, Mrs. Frank 59315 Clover Rd.
Phelps, Mrs. Stephen R. ..15655 Winding Brook Dr.
Quinn, Mrs. Michael 15277 Fox Run Tr.
Roberts, Mrs. Billy J. 15605 Hearthstone Dr.
Schaphorst, Mrs. Richard A. ...514 Lincoln Way E.
Spalding, Mrs. David L. 926 Wilson Blvd.
Templeton, Mrs. Ames R. 516 Clay
Tirman, Mrs. W. S. 15640 Winding Brook Dr.
Walerko, Mrs. Frank 15595 Carriage Lane
Walters, Mrs. Charles E. 16166 Ireland Rd.
Whitlock, Mrs. Merle E. 2118 Linden
Wind, Mrs. Joseph 54652 Winding Brook

South Bend
(*Zip Code 466 plus zone number*)

A

Acker, Mrs. Robert B. ..103 S. Ironwood Dr. (15)
Addis, Mrs. Howard 1335 E. Wayne St. N. (15)
Aigotti, Mrs. Ronald 5224 N. Lee Ct. (14)

B

Backs, Mrs. Alton J. ..1831 N. Kessler Blvd. (16)
Bartsch, Mrs. Harvey L. ..61397 S. Miami Rd. (14)
Bawab, Mrs. Samir 2014 E. Jefferson Blvd. (17)
Beach, Mrs. Norman 1617 Inwood Rd. (12)
Bechtold, Mrs. David L. 2907 Caroline St. (14)
Bechtold, Mrs. Samuel E.
17545 Juday Lake Dr. North (35)
Bell, Mrs. H. D. 1357 E. Campeau St. (17)
Bennett, Mrs. Jene R. 1826 Woodmont (17)
Berke, Mrs. Robert D. ..1420 E. Jefferson Blvd. (17)
Bird, Mrs. John 1448 Garland Circle (14)
Birmingham, Mrs. P. J. ..61490 Meadowlark Lane (14)
Bodnar, Mrs. Leslie M. 1843 Portage Ave. (16)
Booth, Mrs. F. M. 3610 Northside Blvd. (15)
Borough, Mrs. Lester D. ..816 Woodside Ave. (14)
Buck, Mrs. Richard C. ..19311 Haviland Drive (37)
Buechner, Mrs. Fred W. ..1111 Sunnymede Ave. (15)
Butts, Mrs. Milton A. 744 N. Jacobs St. (17)
Byler, Mrs. John J. 124 N. Holiday Drive (15)

C

Cassady, Mrs. John R. ...2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal ...2216 E. Madison (15)
Chamblee, Mrs. Roland W. ..52201 Tally Ho Dr. N. (35)
Clark, Mrs. William H. 1227 Garland Rd. (14)
Condit, Mrs. David H. 1683 Riverside Dr. (16)
Cook, Mrs. Gordon C. ..1620 Southwood Ave. (15)
Cox, Mrs. Alfred C. 17430 Darden Rd. (35)

D

Davis, Mrs. Edward A. 52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H. ...1515 E. Colfax Ave. (17)
Dingley, Mrs. Albert, Jr. ...1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D. ...1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J. ...425 W. North Shore Dr. (16)
Dunfee, Mrs. Thomas P. 1130 E. Jefferson Blvd. (17)
Dunlap, Mrs. D. Logan ...123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles ..1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard ..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L. 944 Riverside Dr. (16)
Engel, Mrs. Howard R. ..1845 Ridgewood Circle (17)
English, Mrs. J. Paul ..3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter ..3012 Robinhood Lane (14)

F

Farner, Mrs. James E. 2721 Marine St. (14)
Feldman, Mrs. Max 1310 E. Fairview (14)
Filipek, Mrs. Walter J. 52710 Brooktrail Dr. (37)
Fink, Mrs. James N. 52564 Highland Drive (37)
Firestein, Mrs. Ben Z. ..125 W. Marion St. (01)
Firestein, Mrs. Ray ...502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C. 19054 Summers Dr. (37)
Foley, Mrs. Hansel 313 E. Pendle St. (37)
Forrest, Mrs. O. Norman 1421 Wayne St. (15)
Frank, Mrs. Herbert ..2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L., Jr. 1750 North Wilber St. (16)
Friedman, Mrs. Morris S. ..1617 E. Jefferson Blvd. (17)
Friend, Mrs. George B. ..1826 E. Jefferson Blvd. (17)

G

Galup, Mrs. Luis N. 3619 Hays Ct. (14)
Ganser, Mrs. Ralph 101 N. Conestoga (15)
Gates, Mrs. George E. 1611 South Brook Dr. (14)
Gergesha, Mrs. Edward A. ..1801 E. Bader St. (16)
Gibson, Mrs. Milton E. 5640 Danbury Dr. (14)
Graf, Mrs. John P. 53260 Placid Dr. (37)
Green, Mrs. G. Richard ..1515 E. Wayne St. (15)
Green, Mrs. George F. .754 Country Club Lane (15)
Green, Mrs. Norval E. ..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M. ..1131 E. Jefferson Blvd. (17)
Harding, Mrs. John S. ...3533 Springbrook Dr. (14)
Harris, Mrs. C. Glenn ...53175 Oakton Dr. (35)
Haugseth, Mrs. Ellsworth K. ..820 N. Ironwood Dr. (15)
Helmer, Mrs. John ..315 W. North Shore Dr. (17)
Hildebrand, Mrs. J. O. 3002 Robinhood Lane (14)
Hill, Mrs. Wallace C. ...248 S. Hawthorne (17)
Holloway, Mrs. Richard J. 18799 Arapaho (37)
Holtzman, Mrs. Norman ..1621 Hoover Ave. (15)
Horvath, Mrs. George A. ..18825 Cherokee Lane (37)
Houser, Mrs. Keim T. 1751 Kessler Blvd. (16)
Hyde, Mrs. Carroll C. ...1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B. ..2230 Ribourde (28)
Kamm, Mrs. Bernard A. ..125 W. Marion St. (01)
Karn, Mrs. John W. 1535 Wall St. (15)
Keenen, Mrs. P. Justin 63262 Orange Rd. (14)
Kim, Mrs. B. J. 52660 Brooktrail Dr. (37)
King, Mrs. R. P. 53336 Bajer Ln. (35)
Krizman, Mrs. David 1226 Portage Ave. (14)
Kuhn, Mrs. Frederick L. 1725 Inwood Rd. (14)

L

Lane, Mrs. William 1336 N. Stanfield (17)
Levatin, Mrs. Bernard I. ..1814 Churchill Dr. (17)

Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C. 5950 S. York Rd. (14)
Lockhart, Mrs. Philip B. ..1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael ..1330 E. Jefferson Blvd. (17)
MacDonell, Mrs. Eldred ...17570 Juday Lake Dr. (35)
MacLeod, Mrs. John K. ...930 Simon Court (15)
Macri, Mrs. Paul A. 2012 E. Cedar (17)
Magnuson, Mrs. Charles W. ...1148 Ridgedale (14)
Marquis, Mrs. Gordon 329 Wakewa (17)
Martin, Mrs. Charles ...1438 Ridgedale Rd. (14)
Mason, Mrs. Bernard A. ...2719 Marine St. (14)
Mauzy, Mrs. Merritt C. ...1403 E. Jefferson (17)
McCraley, Mrs. William J. ..1737 Belmont Ave. (15)
McQuade, Mrs. John ...52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E. ..101 S. Conestoga Lane (17)
Mitchell, Mrs. Gary A. ..1319 E. Washington St. (17)
Mott, Mrs. C. A. 2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M. ..3525 Windingwood Dr. (15)

N-O

Napper, Mrs. Karl 3109 Chelsea Ct. (14)
Neher, Mrs. John L. ...17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E. 1909 E. Madison St. (17)
Nelson, Mrs. Robert ...2810 So. Twyckenham (14)
Odrcic, Mrs. Kazimir J. ..52791 Brooktrails Dr. (37)
Olson, Mrs. Donald T. 1806 Cedar St. (17)
Olson, Mrs. Kenneth L. ...1228 E. Woodside Ave. (12)
Oren, Mrs. William 1149 E. Belmont (15)

P

Parsons, Mrs. Robert ...1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A. ..1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B. ..916 Riverside Dr. (16)
Petrass, Mrs. Andrew 22027 Liberty Hwy. (19)
Plain, Mrs. George 17836 Ponader Dr. (35)
Plain, Mrs. George L. 1229 Ridgedale Rd. (14)

R

Reineke, Mrs. Jan R. ..3431 S. Twyckenham Dr. (14)
Rosenheimer, Mrs. George M. ..1425 E. Woodside (14)
Rubens, Mrs. Eli 1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B. ..238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F. 1619 E. Jefferson (17)
Schiller, Mrs. Herbert A. ...1813 E. Cedar St. (17)
Schlossberg, Mrs. Victor E. 2719 Corby Blvd. (15)
Scott, Mrs. Frank M. 1220 E. Woodside (14)
Sellers, Mrs. Francis 814 Oakridge Dr. (17)
Sensenich, Mrs. R. L. ..125 W. Marion Apt. 416 (01)
Serwatka, Mrs. James 53230 Bonvale Rd. (35)
Sharp, Mrs. Merle C. ..17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H. 17543 Juday Lake Dr. (35)
Shriner, Mrs. Richard ...53362 Juniper Rd. (37)
Skillern, Mrs. Scott 1442 Garland Circle (14)
Smith, Mrs. Lee Jr. 1925 E. Jefferson (17)
Speybroeck, Mrs. Robert C. 1314 Kessler Pl. (16)
Stimson, Mrs. Harry R. 17649 Darden Rd. (35)
Stiver, Mrs. Dan D. ...1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J. ...520 N. Coquillard Dr. (17)
Stoller, Mrs. Harry 60466 US 31 S. (14)
Stratigos, Mrs. Joseph S. ..527 N. Lafayette (01)
Sweeney, Mrs. Robert ..115 N. Sunnyside Ave. (17)
Sylbert, Mrs. Philip 546 N. Coquillard Dr. (17)

T

Tapley, Mrs. Dwight L. 62915 Oak Rd. (14)
Thompson, Mrs. John M. ..1618 E. Cedar St. (17)
Thornton, Mrs. M. J. 125 W. Marion St. (01)
Troeger, Mrs. Thomas 52524 Swanson (35)
Troyer, Mrs. Marlin ...3346 S. Twyckenham Dr. (14)
Urruti, Mrs. Arnoldo H. 16881 Londonberry Ln. (35)

V-W-Z

Van Fleit, Mrs. W. E. 708 Riverside Ct. (16)
Wehlage, Mrs. David F. ...17707 Darden Rd. (35)
Wilson, Mrs. James M. 1507 E. Wayne (15)
Wurster, Mrs. H. C. ...3512 Northside Blvd. Apt A-2 (15)
Zeiger, Mrs. Irvin L. ..1205 E. Irvington Ave. (14)

Strycker, Mrs. Dean L.
2495 Redfield Rd., Niles, Mich. 49120

SHELBY COUNTY

Davis, Mrs. John A. Flat Rock 47234

Shelbyville
(*Zip Code* 46176)

Abeleda, Mrs. Lamberto V. R.R. 2, Box 365
Dalton, Mrs. Wilson L. 1712 Culbertson Rd.
Deupree, Mrs. William D. 50 W. Mechanic St.
Gehres, Mrs. Robert W. 610 Shelby St.
Green, Mrs. William ..R.R. 2, Morristown Rd. Box 61
Inlow, Mrs. Paul M. 53 W. Washington St.
Inlow, Mrs. Robert R.R. 2, Box 376
Inlow, Mrs. W. D. Spring Hill Rd.
Lorber, Mrs. James Michael 16 E. Pennsylvania
McFadden, Miss Marian 28 W. Mechanic St.
Moheban, Mrs. Joseph Spring Hill Rd.
Phares, Miss Frances 408 S. Harrison
Ramirez, Mrs. Renato P. 332 Progress Rd.
Silbert, Mrs. David B. 1100 Fairfield Dr.
Tindall, Mrs. William R. 616 S. Harrison
Tower, Mrs. James H., Jr. ..239 W. Washington St.
Whitcomb, Mrs. Roger F. 218 W. Broadway

TIPPECANOE COUNTY

Lafayette
(*Zip Code* 479 *plus zone number*).

Bayley, Mrs. William E. ..303 S. 9th St. Apt. 34 (01)
Bracey, Mrs. A. H. 2110 S. 8th St. (05)
Brennan, Mrs. Thomas 24 Oriole Dr. (04)

Bullard, Mrs. Harlan R. 3510 Woodcliff Dr. (05)
Cartwright, Mrs. G. W. 3532 Mulberry (05)
Davis, Mrs. Grayson B. 1242 Meadowbrook Dr. (05)
Deur, Mrs. Julius 606 N. 28th (04)
Fields, Mrs. Don C. 3530 E. 200 N. (05)
Frey, Mrs. Harley H., Jr. ..505 Calvert Lane (05)
Fritch, Mrs. John M. 915 Pontiac Ave. (05)
Gutwein, Mrs. Gilbert 4330 S. 250 E. (05)
Harvey, Mrs. Bennett B. ..2908 Beverly Lane (04)
Hebard, Mrs. H. G. 550 Elston Rd. (05)
Horswell, Mrs. Richard R. ...3924 Rome Dr. (05)
Karberg, Mrs. Richard 1212 El Prado (05)
Klepinger, Mrs. H. E. 909 N. 21st St. (04)
Kohne, Mrs. Robert W. 3504 Cedar Lane (02)
Kuipers, Mrs. Fred M. Jr. 3918 Gate Rd, R.R. 1
Landis, Mrs. C. Byron 505 S. 7th St.
Lempke, Mrs. Lloyd W. 29 Stayman Ct. (05)
MacLennen, Mrs. John 825 Shawnee Ave. (05)
McPherson, Mrs. Richard C. 30 Thise Court (05)
Miller, Mrs. Wm. J. 58 Thise Court (05)
Neumann, Mrs. Kenneth O. ..1410 S. 18th St. (05)
Onorato, Mrs. Joseph 3538 S. 100 E. (05)
Patton, Mrs. Charles 2509 Sunrise Ave. (04)
Riggs, Mrs. W. A. R.R. 11, Box 90 (05)
Robinson, Mrs. Frederick 1640 Hemlock (05)
Rothrock, Mrs. Philip 1721 Redwood Ln. (05)
Sholty, Mrs. William M. 1831 Lilly Rd.
Smith, Mrs. Lowell C. 615 Lingle (01)
Stakem, Mrs. Brian 60 Sierra Ct. (05)
Stuntz, Mrs. Edgar 2500 Ferry St. (04)
Trout, Mrs. Carl J. 800 State St. (01)
Trout, Mrs. David 445 Southern Drive (06)
Underwood, Mrs. George M. 905 Southern View Dr. N. (05)
Vermilya, Mrs. Robert W. ..579 So. 675 East (05)
Wagner, Mrs. Lindley H. ..3870 S. Orchard (05)

West Lafayette

(Zip Code 47906)

Auckley, Mrs. James L. 806 Sparta
Baker, Mrs. John R. 2321 Carmel Dr.
Beck, Mrs. David C. 1008 N. Salisbury, Apt. 74
Beuerman, Mrs. Virgil A. 509 Emilie Dr.
Bolin, Mrs. Robert C. 908 Windsor Dr.
Brady, Mrs. Kingdon 612 Terry Lane
Bridge, Mrs. Barton C. 1106 Cherry Lane
Carpenter, Mrs. Robert S. 492 Littleton St.
Cline, Mrs. Charles T. 2808 Ashland St.
Davis, Mrs. Howard B. 833 Hillcrest Rd.
Elliott, Mrs. Paul W. 332 Park Lane
Evans, Mrs. David 40 Indianbrook Ct.
Froberg, Mrs. Kim 219 Lincoln St.
Gossard, Mrs. John M. 115 E. Navajo
Gripe, Mrs. Richard P. ..2179 Tecumseh Park Lane
Hanneman, Mrs. Robert E. ...219 Tamiami Trail
Heid, Mrs. George J. 515 Park Ridge Dr.
Horvath, Mrs. John 140 Tamiami Ct.
Hughes, Mrs. Anson 1608 Sheridan Rd.
Kelley, Mrs. Jack 1420 Ravinia Rd.
Klatch, Mrs. Ben Z. 1415 Woodland Dr.
Knote, Mrs. John 716 Carrolton Blvd.
Lind, Mrs. Jaap Jan 902 Rose Lane
McEwen, Mrs. David A. 2801 Linda Lane
McFadden, Mrs. James 1424 N. Salisbury
Marsh, Mrs. George 2121 Happy Hollow Dr.
Marvel, Mrs. Howard R. 136 Arrowhead Dr.
Mather, Mrs. Charles R. 1815 Ravina Rd.
Mather, Mrs. Robert L. 321 Leslie Ave.
Mentzer, Mrs. William 714 Northridge
Mohrs, Mrs. Paul E. 800 Hillcrest Dr.
Mount, Mrs. William M. 217 Pawnee Dr.
Peyton, Mrs. Frank W. 612 Ridgewood
Peyton, Mrs. Richard 1941 Indian Trail Dr.
Poulos, Mrs. J. T. 1000 Windwood Way
Rahdert, Mrs. Richard 2166 Tecumseh Park Ln.
Ramsey, Mrs George F. 201 Lindburg Rd.
Remo, Mrs. John 636 Eden St.
Rutherford, Mrs. Charles 2501 N. 600 W.
Scanlon, Mrs. John C. 4811 Homewood Ct.
Scheeres, Mrs. Jacob W. 180 Sumac Dr.
Sherman, Mrs. David E. 225 Tamiami Trail
Shively, Mrs. John L. 205 Lindberg Ave.
Spurlock, Mrs. F. H. 1625 Western Dr.
Stolz, Mrs. Thomas 141 Tamiami Ct.
Steele, Mrs. Hugh H. 2730 Henderson
Tacker, Mrs. Willis 2901 Wilshire St. (06)
Van Den Bosch, Mrs. Wallace R. 33 N. 22nd St.
Van Kirk, Mrs. John R. 201 E. Navajo
Wagner, Mrs. Anabel 1834 Summit Dr.
Wagoner, Mrs. J. Edward 18 Spring Valley
Waits, Mrs. Chester L. 622 Rose St.
Webster, Mrs. Paul 527 Park Ridge Dr.
Weller, Mrs. Wendell A. 153 Pathway Lane

Bosley, Mrs. Roger Rt. 1, Battleground 47920
Foster, Mrs. John A. ...R.R. 1, Box 24, Battleground 47920
Russell, Mrs. Henry T. Rt. 1, Battleground 47920
McAdams, Mrs. Robert C. R.R. 5, Pierce's Lakewood, Monticello 47960
Aldrich, Mrs. David Rt. 1, Rossville 46065
Weller, Mrs. Ralph Box A, Rossville 46065
Bond, Mrs. Larry R.R. 1, Clarks Hill 47930

VANDERBURGH COUNTY

Evansville

(Zip Code 477 plus zone number).

A

Adye, Mrs. Wallace M. 320 Inwood Dr. (11)
Alexander, Mrs. John E. ..2895 Washington Ave. (14)
Allen, Mrs. William ...8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H. ...800 S. Plaza Dr. (15)
Antes, Mrs. Earl H. ..1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E. ..700 Helfrich Lane (12)
Austin, Mrs. Eugene W. ...721 Colony Rd. (15)

B

Baird, Mrs. Glen 5000 Pinehurst Dr.
Baisas, Mrs. Wilfrido 5100 Lincoln Ave. (15)
Baker, Mrs. Sam B. 460 Martins Lane (15)
Barnhart, Mrs. Willard T. ..507 S. Boeke Rd. (14)
Beck, Mrs. Robert E. ...6000 Newburgh Rd. (15)

Becker, Mrs. Jerry 301 Oriole Drive (15)
Beisel, Mrs. Larry H. ..450 S. Audubon Dr. (15)
Bender, Mrs. Martin J. ..2416 Bayard Park Dr. (14)
Bennett, Mrs. Abner P. ..961 Blue Ridge Rd. (15)
Berker, Mrs. Bedi 7221 E. Chandler Ave. (15)
Berry, Mrs. George 6609 E. Chestnut (15)
Bizal, Mrs. John R.R. 7, Box 77, Shenk Rd. (12)
Bloss, Mrs. Bryant A. 4131 Lincoln Ave. (15)
Brakel, Mrs. Frank, Jr. 1429 Oriole Dr. (15)
Braun, Mrs. Stephen 2620 Meadowlark Ln. (12)
Britt, Mrs. Robert L. ..6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W.
5901 New Harmony Rd. (12)
Brown, Mrs. Raymond 217 Royal (15)
Brundick, Mrs. Edward 417 Holly Hill Dr. (10)
Bryan, Mrs. Stanton L. 3211 E. Mulberry St. (15)
Buehner, Mrs. Donald C. 1305 Fuquay Rd. (15)
Buehner, Mrs. Donald F. 1200 Bonnie View (15)
Burger, Mrs. Thomas C. 3915 Washington Ave. (15)
Burnikel, Mrs. Ray H. 609 St. Mary's Dr. (15)
Burress, Mrs. Clyde 10100 Old St. Rd. (11)

C

Cabrera, Mrs. J. C. 7217 E. Chestnut St. (15)
Carlson, Mrs. Ralph F. 4000 Woodcastle (14)
Chen, Mrs. Tzeng 6510 Kimbell (11)
Clark, Mrs. Thomas W. ..820 S. Meadow Rd. (15)
Clouse, Mrs. Paul 2404 Lincoln (15)
Colvin, Mrs. Robert 2048 Polaris (15)
Cook, Mrs. Thomas 1204 FuQuay Rd. (15)
Cooper, Mrs. Waller W. 819 Canterbury Dr. (15)
Corcoran, Mrs. P. J. V. ..2412 E. Chandler Ave. (14)
Cox, Mrs. Larry 59 Booker Rd. (12)
Crawford, Mrs. James ..631 Blue Ridge Dr. W. (15)
Cullnane, Mrs. Chris W. 3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H. ..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth 900 S. Burkhart (15)
Denzer, Mrs. William O. 540 Scenic Drive (15)
Dieckman, Mrs. Herbert S. ..10 Johnson Place (14)
Durkee, Mrs. Melvin S. ...615 Trinity Dr. (15)
Dycus, Mrs. Walter A. 3400 Koring Rd. (12)
Dyer, Mrs. Wallace K. ..812 St. James Blvd. (14)

E

Engel, Mrs. Edgar L. 1103 S. Burkhardt (15)
Ewer, Mrs. Robert 440 Scenic Dr. (15)

F

Faith, Mrs. Ira L. 5822 Brentwood Ct. (15)
Faul, Mrs. Henry J. 725 S. Willow Rd. (14)
Faw, Mrs. Melvin L. 2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R.R. 8, Old St. Rd. (11)
Ferguson, Mrs. Steve 1015 Harrelton Court (15)
Fitzsimmons, Mrs. Elvin L. ..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam 900 S. Boeke Rd. (14)
Follis, Mrs. C. Gene 710 S. St. James (14)
Franco, Mrs. James M. 800 Wiltshire Ct. (15)

G

Garland, Mrs. Edgar A. 719 Plaza Dr. (15)
Geller, Mrs. Samuel R.R. 8, Box 143-A (11)
Getty, Mrs. William H. ..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J. ...916 S. Burkhardt Rd. (15)
Grimm, Mrs. William C. 8712 Whetstone (11)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case .1127 Lincoln Ave., Apt. 625 (14)
Hare, Mrs. Daniel M. 5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac 410 W. Mt. Pleasant Rd. (11)
Harmon, Mrs. Tom R.R. 8, Browning Rd. (11)
Harris, Mrs. Robert L. ...533 Martins Lane (15)
Hart, Mrs. L. Paul 600 Cullen Ave. Apt. 607 (15)
Hartley, Mrs. Clarence A., Jr. ...300 Hesmer Rd. (11)
Hassel, Mrs. Walter 3712 Herndon Dr. (11)
Hayes, Mrs. Thomas 308 Logwood (10)
Healy, Mrs. Cornelius E. ..430 Kings Valley Rd. (11)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A. 1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L. ..7006 Newburgh Rd. (15)
Hermayer, Mrs. Stephen ...1316 Bonnie View Dr. (15)
Herrell, Mrs. Michael 508 Meade (15)
Herrmann, Mrs. Gordon T. ..218 S. Spring St. (12)
Herzer, Mrs. Clarence C. ...211 E. Mill Rd. (11)
Heumann, Mrs. John E. 1515 Audubon Ct. (15)
Higgins, Mrs. James ...524 Martin's Lane (15)
Himebaugh, Mrs. Gilbert J. ..1410 Audubon Dr. (15)
Hobgood, Mrs. James L. ..7527 Taylor Circle (15)
Hood, Mrs. Tony Rt. 7, Box 75A (12)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Hovda, Mrs. Richard 401 S. Park Plaza Dr. (15)
Huggins, Mrs. Victor S. ...8314 Whetstone Road

J-K

Johnson, Mrs. Harold V. ..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L. ...2215 Lincoln Ave. (14)
Kelly, Mrs. John B. 1420 Lark Dr. (15)
Kessler, Mrs. Robert ..1200 Harrelton Court (15)
Kimmel, Mrs. George E. 458 Martin's Ln. (15)
Kincaid, Mrs. Robert ...7117 E. Cherry St. (15)
Krueger, Mrs. Tom P. 8203 Petersburg (11)

L

Lashley, Mrs. Donald 1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John 520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Lehmann, Mrs. Dale 8830 Whetstone Rd. (11)
Lessure, Mrs. Alfred P. ..400 S. Audubon Dr. (5)
Liebundguth, Mrs. Henry 5206 Lincoln Ave. (15)
Linge, Mrs. Carl 1466 Greenfield Rd. (15)
Logan, Mrs. Jesse R. 503 First Ave. (10)
Longstaff, Mrs. John ...830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce ..600 Cullen Ave., #204 (15)
McCool, Mrs. Joe H. 1 Woodmere Lane (11)
McDonald, Mrs. Joseph D. .4300 Lincoln Ave. (15)
McElroy, Mrs. Robert 3512 Koring Rd. (12)
Marrese, Mrs. R. Anthony ..301 Park Plaza Dr. (15)
Marvel, Mrs. James A. 312 Royal Ave. (15)
Mathews, Mrs. James R. 901 Meadow Rd. (15)
Miller, Mrs. LaVerne B. 501 Scenic Dr. (15)
Miller, Mrs. Milton J. 8201 Newburgh Rd. (15)
Mills, Mrs. Fred E. 555 S. Kelsay Ave. (14)
Mino, Mrs. Robert A. 2808 N. Shore Dr. (11)
Mok, Mrs. Ying 8500 Whetstone Rd. (11)
Mullican, Mrs. Wm. 855 S. St. James (14)

N

Newnum, Mrs. Raymond L. ..6710 Washington Ave. (15)
Newton, Mrs. Roger 1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R. 714 S. Willow Rd. (14)
Noveroske, Mrs. Richard 3901 Lincoln Ave. (15)

O

Oswald, Mrs. Robert H. 7200 E. Cherry (15)

P

Pastor, Mrs. Julius W. .5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J. ..4212 Jennings Lane (12)
Pemberton, Mrs. Jack J. 6300 Felstead Rd. (12)
Pontaoe, Mrs. Alejandro ...1515 Martins Circle (15)
Porro, Mrs. Francis W. 909 S. Villa Dr. (14)
Present, Mrs. Julian D. 201 S. Parker Dr. (14)
Pulcini, Mrs. John 909 Canterbury (15)

R

Radcliff, Mrs. Forest 506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W. 201 S. Cullen (15)
Reich, Mrs. Clarence E. 1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O. ...407 Congress Ave. (15)
Rietman, Mrs. H. Jerome 2325 Lincoln Ave. (14)
Ritchie, Mrs. William D. ..5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S. 765 S. Boeke Rd. (14)
Robertson, Mrs. James 7209 E. Walnut St. (15)
Roe, Mrs. Taft 3720 E. Mulberry (15)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)
Royster, Mrs. Robert A. 34 Johnson Place (14)
Rudolph, Mrs. Kenneth 742 Plaza Dr. (15)
Rule, Mrs. Ned 8511 Larch Lane (11)
Rusche, Mrs. Herman Frederick
802 Wiltshire Dr. (15)
Russell, Mrs. Richard H. ...5819 Brentwood Ct. (15)

S

Salama, Mrs. Fawzy 317 Logwood (10)
Schen, Mrs. Sanford 400 S. Roosevelt (14)
Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)
Schirmer, Mrs. Robert H. 4300 Kasson (12)
Schneider, Mrs. Charles P. 2912 W. Maryland St. (12)
Schroeder, Mrs. Henry, Jr. ...1216 Hillsdale Rd (11)
Sheehan, Mrs. E. Gregg 934 York Rd. (15)
Sims, Mrs. Larry 521 Kirkwood Dr. (15)
Skaggs, Mrs. Homer 1600 Fleenor Rd. (11)
Slaughter, Mrs. Howard C. ...651 St. Mary's Dr. (15)
Slaughter, Mrs. John C. 622 College Hwy. (14)
South, Mrs. Terry R.R. 5, Box 287 (11)
Sprecher, Mrs. Herman C. ..6601 Newburgh Rd. (15)
Stallings, Mrs. Hugh A. ..7601 Newburgh Rd. (15)
Stewart, Mrs. L. Ray 852 S. Alvord Blvd. (14)
Stoller, Mrs. Leon 7116 E. Walnut (15)
Strueh, Mrs. Paul E. 1207 Harrelton Ct. (15)

T

Talley, Mrs. T. W. 6717 Felstead Rd. (12)
Tuholski, Mrs. James M. ...6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C. ...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P. 130 E. Mill Rd. (11)
Underhill, Mrs. Gary 508 Martins Ln. (15)

V-W

Venables, Mrs. A. J. 420 Runnymeade (14)
Vincent, Mrs. William 7300 E. Powell (15)
Visher, Mrs. John W. 601 N. Boeke Rd. (11)
Waddell, Mrs. J. Ronald 1601 Lant Circle (14)
Walker, Mrs. William F. 1529 Oriole (15)
Walter, Mrs. Robert F. 4310 Bellemeade (15)
Weathers, Mrs. William 7300 E. Walnut (15)
Weber, Mrs. Emil L. R.R. 8, Box 90 (11)
Welborn, Mrs. Mell B. 1832 Mt. Auburn Rd. (12)
Welborn, Mrs. Mell, Jr. 514 S. Roosevelt Dr. (14)
White, Mrs. Thomas 431 Kings Valley Rd. (11)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Williams, Mrs. Jack 527 S. Roosevelt Dr. (14)
Willison, Mrs. George W. 605 St. Mary's Dr. (15)
Wilson, Mrs. David 615 Willow Rd. (14)
Wilson, Mrs. John D. 921 Colony Rd. (15)
Wilson, Mrs. Ralph 6801 Monroe (15)
Wynn, Mrs. Justice F. ...651 S. Weinbach Ave. (14)

Y-Z

Yim, Mrs. Young Shin 9933 Petersburg Rd. (11)
Young, Mrs. C. Curtis, Jr. 7533 Taylor Circle (15)

Crist, Mrs. John R. 320 Emmick, Mt. Vernon 47620
Hirsch, Mrs. H. L. ...801 Williams Dr., Mt. Vernon 47620
Vogel, Mrs. John L.
R.R. 4, Box 127A, Mt. Vernon 47620

Newburgh
(*Zip Code* 47630)

Dodd, Mrs. R. K. R.R. 2, Box 511 A
Gourieux, Mrs. DeVerre R.R. 2, Box 89
McCarthy, Mrs. Joseph ..R.R. 3, Box 748, Grimm Rd.
Nacino, Mrs. Irineo R.R. 3, Box 53
Rusche, Mrs. Henry J. 1041 State St.
Rusche, Mrs. Thomas R.R. 2, Sharon Rd.
Sowa, Mrs. Ronald W. 122 W. Main St.
Spain, Mrs. Thomas ...R. 1, Box 34, South Shore Dr.

Woodward, Mrs. Ben E.#6 Orchard Lane, R.R. 1
Zwickel, Mrs. R. E. Darby Hills

Smith, Mrs. Gordon L. R.R. 2, New Harmony 47631

VIGO COUNTY

Terre Haute
(*Zip Code* 478 *plus zone number*)

A

Anas, Mrs. Pandeli ..7558 Sycamore Knolls Dr. (02)
Anderson, Mrs. W. C. 380 S. 22nd St. (03)
Ault, Mrs. Roy J. 200 Lakeview Dr. (03)

B

Bannon, Mrs. Wm. G. 2126 Ohio Blvd. (03)
Bloxdorf, Mrs. John W. 2540 N. 9th St. (04)
Blum, Mrs. Leon L. 3200 Ohio Blvd. (03)
Boen, Mrs. Bradley N. 7522 Sycamore Knolls Dr. (02)
Bopp, Mrs. Henry W., Jr. 73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr. 335 Bluebird Dr. (03)
Bopp, Mrs. James 330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark 56 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S. 2326 Tippecanoe (03)
Brown, Mrs. Robert R. 2544 N. Ninth St. (04)

C-D

CaJacob, Mrs. Melville E. 1000 S. Sixth St. (07)
Caldwell, Mrs. M. V. 6151 Clinton Road (05)
Carpenter, Mrs. Donald J. 6879 Carlisle Rd. (38)
Cavins, Mrs. A. W. R. 24, Box 207
Chau, Mrs. Andrew Y. S. 9 Monroe Blvd. (03)
Combs, Mrs. Stuart R. 3 Fairhurst Rd. (02)
Connerley, Mrs. Marion L. 2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J. 207 Barton Ave. (03)
Cristee, Mrs. James W. R.R. 22 (02)
Crockett, Mrs. Wayne A. 3601 Ohio Blvd. (03)
Davis, Mrs. Paul E. 1910 Boston (05)
Dierdorf, Mrs. Fred 103 S. 23rd St. (03)
Dyer, Mrs. G. Wallace 2710 Wilson Dr. (03)

E-F

El-Issa, Mrs. Sa'd 117 Hamilton Dr. (03)
Enderle, Mrs. Frank J. .7000 Williamsburg Lane (02)
Feliciano, Mrs. M. G. 60 Longridge Rd. (02)
Freed, Mrs. John E., Jr. 2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr. 2408 N. 10th St. (04)

G

Gilbert, Mrs. Ivan 2641 Crawford St. (03)
Goodman, Mrs. Hubert T. ..220 Gardendale Rd. (03)
Gossom, Mrs. Donn R. 1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R. ..1700 S. Fruitridge Ave. (03)
Hetherington, Mrs. John A. 2315 Berne Ave. (03)
Hogan, Mrs. Thomas W. 3505 Ohio Blvd. (03)
Htain, Mrs. Min 14 Cresthill Rd. (02)
Humphrey, Mrs. Paul E. ..2631 N. Ninth St. (04)
Hung, Mrs. Larry 242 Barton Ave.

J-K

Johnson, Mrs. Edward ...313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr. 62 AllenDale (02)
Kabel, Mrs. Robert N. 2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W. ...147 Monterey Ave. (03)

L

Lai, Mrs. Edward 115 Marigold Dr. (03)
Lancet, Mrs. Robert O. 20 Nitche Dr. (03)
Lee, Mrs. James C. 112 S. Glen Road (02)
Lenyo, Mrs. Ludimere 700 Delaware Ave. (04)
Lowenstein, Mrs. W. L. 1909 Ohio Blvd. (03)

M

McBride, Mrs. Noel S. 67 Allendale Pl. (02)
McCrea, Mrs. Fred R. 2517 N. Eighth St. (04)
McEwen, Mrs. James W. 107 Wren Dr. (03)
McLaughlin, Mrs. Gordon C. ..R.R. 22, Box 386 (02)
McNeil, Mrs. Kenneth W. 95 Allendale Pl. (02)
Malone, Mrs. L. A. 2511 N. Ninth St. (04)
Mankin, Mrs. William 175 Lakeview Dr. (03)
Manzanares, Mrs. Austacio F. ..2920 Ohio Blvd. (03)
Mason, Mrs. Lester M. ...66 Allendale Pl. (02)
Mattox, Mrs. Don M. 52 Allendale (02)
Mattox, Mrs. Ernest
4951 Dixie Bee Rd. Apt. 72 (02)
Mayrose, Mrs. Richard 7666 N. 39th St. (05)
Meissel, Mrs. Robert L. 145 Hamilton Dr. (03)
Menke, Mrs. W. J. 326 Hamilton Dr. (03)
Miklozek, Mrs. J. E. 2204 Ohio Blvd. (03)
Mitre, Mrs. I. N. 10 Rutledge Place (03)
Moore, Mrs. Gene 3109 Colonial Dr. (05)

N-O-P

Nay, Mrs. Ernest O. 29 S. 20th St (03)
Neudorff, Mrs. Louis G. 213 Barton Ave. (02)
Noroozi, Mrs. Iradj 6814 Dixie Bee Rd. (02)
Nuval, Mrs. Augusto T. 7318 Prince Dr. (02)
Pak, Mrs. T. S. 7619 Monticello Dr. (02)
Pangan, Mrs. Jess F. 29 Velvet Dr. (02)
Patel, Mrs. Pulkit 7003 Williamsburg Ln. (02)
Pearce, Mrs. Roy V. 269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D. 74 Doe Dr. (02)

R

Reed, Mrs. Robert C. 205 Lakeview Dr. (03)
Richart, Mrs. James V. 336 Hamilton Dr. (03)
Rosene, Mrs. Harold A. 25 Woodridge Dr. (03)
Rourke, Mrs. Robert F. R.R. 25, Box 460 (03)
Rubin, Mrs. Milton M. 2401 Ohio Blvd. (03)

S

Safayan, Mrs. E. 21 Longridge Rd. (02)
Sayers, Mrs. Frank E. 436 Bluebird Dr. (03)
Scherb, Mrs. Burton E. 211 Gardendale Rd. (03)
Schott, Mrs. Edward J. 653 Oak St. (07)
Schumaker, Mrs. Robert A. ..3498 Margaret Ave. (02)
Scully, Mrs. William E. 100 Berkely Dr. (03)
Showalter, Mrs. John R., Jr. ..2511 N. Eighth St. (04)
Shriner, Mrs. William C. ...123 Woodbine Dr. (03)
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M. ..1142 S. Center St. (02)
Sison, Mrs. Vicente G. 2101 Ohio Blvd. (03)
Stoelting, Mrs. J. Lewis 1919 N. Seventh St. (07)
Strecker, Mrs. William L. ...88 Allendale Place (02)
Sullivan, Mrs. John M. 2242 College Ave. (03)

T-V

Veach, Mrs. William L. 97 Allendale Pl. (02)

W-Z

Wakim, Mrs. Kahlil G. ...2153 Ohio Blvd. (03)
Weber, Mrs. Joseph 114 S. Glen Apt. 31
West, Mrs. Roger F. 54 Allendale (02)
Wiedmann, Mrs. Frank E. Box 572 (02)
Wilson, Mrs. Fred L. 1124 S. Center St. (02)
Win, Mrs. Tun 1305 Royce Ave. (02)
Zwerner, Mrs. Paul F. ...2510 N. Eighth St. (04)

Topping, Mrs. M. C. Box 105, Marco, Fla. 33937
Keffer, Mrs. Harry
RR 13, Box 295, West Terre Haute 47885

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G. ..5 N. Foote St., Cambridge City 47327
Kenyon, Mrs. Emil ..303 Mulberry, Cambridge City 47327

Barton, Mrs. Willoughby M.
200 N. Morton, Centerville 47330
Joco, Mrs. Artemio R.R. 3, Liberty 47353
McWilliams, Mrs. William B. ...R.R. 4, Liberty 47353
Schroder, Mrs. Louis 101 E. Sycamore, Liberty 47353

Richmond
(*Zip Code* 47374)

Adney, Mrs. Frank 214 S.E. Parkway
Ake, Mrs. Loren 220 S. 18 St.
Allen, Mrs. Robert T. 212 S. 21st St.
Blossom, Mrs. Paul W. 620 S.W. 21st St.
Browning, Mrs. Charles 681 Hale Circle
Butler, Mrs. Richard 3001 Woodgate Way
Cabigas, Mrs. Jose S. 415 South 33rd St.
Clarkson, Mrs. C. G. 300 Greenbrier Dr.
Clemente, Mrs. Jose 4400 S. B St.
Coble, Mrs. Frank H. R.R. 3, Box 38
Cooke, Mrs. John 2121 South 23rd
Cox, Mrs. Leon 10 Clifton Road
Daggy, Mrs. James R. 47 S. 24th St.
Deanovic, Mrs. Frank W. 3001 Parkwood Dr.
Deitsch, Mrs. Howard 36 S. 21st St.
Dingle, Mrs. Paul E. 206 S. 32nd St.
Dreyer, Mrs. Ralph W. 4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom 13 Parkway Lane
Farmer, Mrs. Charles 500 Meadow Brook Dr.
Gibson, Mrs. Alois E. 310 S. 17th St.
Guthrie, Mrs. James R. 3112 S. E. Parkway
Hibner, Mrs. Dan W. 50 S. 24th St.
Hinshaw, Mrs. Michael 3190 Toddsbury Ln.
Johnson, Mrs. George M. 1914 Middleboro Pike
Kiracofe, Mrs. George 340 N. 36th St.
Lee, Mrs. Glen Ward Greenmount Pike
Lewis, Mrs. James 720 Toddsbury Lane
Ling, Mrs. John F. 6 Parkway Lane
Loomis, Mrs. Charles H. 711 Garwood Rd.
McIlroy, Mrs. Richard J. 1000 W. Main St.
Mader, Mrs. John H. 1528 Chester Blvd.
Meredith, Mrs. Elwood J. 205 S. 19th St.
Miller, Mrs. Harold L. 560 Tingler Rd.
Millis, Mrs. Arthur B. 550 South 23rd
Paraiso, Mrs. Antonio Q. 241 S. 31st St.
Park, Mrs. Byron J. 220 S. 24th St.
Plasterer, Mrs. Edward D. 461 S. 28th
Ramsdell, Mrs. Glen A. 501 Henley Rd. S.
Rider, Mrs. Paul 1590 Idlewild Dr.
Rodriguez, Mrs. Augustin 3180 Woodgate Way
Rodriquez, Mrs. Pedro R.R. 1, Box 190A
Runge, Mrs. Paul 325 S. 31st St.
Schmitt, Mrs. Robert W. 25 Circle Dr.
Sherer, Mrs. Kenneth E. 4 Parkway Lane
Shields, Mrs. Tom S. 2203 S. "E" St.
Shirazi, Mrs. E. K. 325 South 16th St.
Short, Mrs. John A. 4284 S. C. Court
Spellmeyer, Mrs. John C. 3010 Park Woods Dr.
Stepleton, Mrs. John D. 4220 Backmeyer Rd.
Stilwell, Mrs. William R. 2607 S. "C" Pl.
Wambo, Mrs. John 2600 Wernle Rd.
Warren, Mrs. Robert J. 1624 Reeveston Rd.
Wertenberger, Mrs. Morris ..779 Greenmount Pike
Wiland, Mrs. Olin K. 4375 S. "C" St.
Woodman, Mrs. Kenneth 3040 Parkwood Dr.
Wynegar, Mrs. David 270 South 27th
Zore, Mrs. Joseph J. 14 Parkway Lane

WELLS COUNTY

Bluffton
(*Zip Code* 46714)

Bradley, Mrs. Louis F.
Country Club Addition, R.R. 4
Caylor, Mrs. Charles H. .R.R. 4, Country Club Estates
Caylor, Mrs. Harold D. 411 W. Market St.
Caylor, Mrs. Truman E. P.O. Box 292
Collins, Mrs. Jack T. R.R. 3
Cook, Mrs. Robert G. 1225 Summit Ave.
Dorrance, Mrs. Thomas O. ...302 Northwood Dr.
Eisaman, Mrs. Jack 1422 Hunter Rd.
Erxleben, Mrs. Walter 1225 Ridgewood Ln.
Graf, Mrs. Russell E. 1110 Highland Park Circle
Kephart, Mrs. S. Bruce P.O. Box 12
Lohmuller, Mrs. Herbert 1120 River Road
Longacher, Mrs. Joseph W. 911 McCoy Rd.
Luzietti, Mrs. Richard 937 Summit Ave.
Matzen, Mrs. Richard N. R.R. 3
Mayock, Mrs. Peter P. 1100 River Rd.
Meier, Mrs. Donald W. 1205 Summit Ave.
Merkle, Mrs. George 1422 Kenwood Dr.
Mock, Mrs. Farrell R.R. 4
Mudrony, Mrs. Jeno R.R. 4
Nichols, Mrs. Robert D. 427 E. Wiley
Panos, Mrs. Constantine G. 1144 Wildwood Lane
Pietz, Mrs. David G. R.R. 3
Pitts, Mrs. Neal C. ...1020 Highland Park Circle
Purcell, Mrs. Lawrence T. 820 Parkway
Rumana, Mrs. Robert 519 E. Wiley
Shaw, Mrs. Glenn R. 926 Riverview Dr.
Shively, Mrs. Kenneth R. #3 Pence Rd.
Smith, Mrs. H. Charles 922 Sherwood Dr.
Stauffer, Mrs. Dwight 803 Sycamore Ln.
Steckbeck, Mrs. Robert L. 1110 Summit Ave.
Strehler, Mrs. Donald A. R.R. 4

Talbert, Mrs. Pierre C. 508 W. Cherry St.
Umphrey, Mrs. James 1028 Echo Lane
Waksman, Mrs. Alberto 1523 S. Sutton Circle Dr.
Yoder, Mrs. Richard P. 931 S. Wayne St.

Kinzer, Mrs. LeRoy R.R. 1, Uniondale 46791

WHITE COUNTY

Derhammer, Mrs. George L. Brookston 47923

Monticello

(*Zip Code* 47960)

Bougher, Mrs. Gerald R. P.O. Box 424
Dickerson, Mrs. W. Martin ...218 E. Market St.
Fields, Mrs. Max L. R.R. 3
Hibner, Mrs. Nolan A. 214 S. Illinois
Jehanyar, Mrs. M. Ali R.R. 2
McClure, Mrs. Stanley E. R.R. 1

WHITLEY COUNTY

Minick, Mrs. Linus J. N. Line St., Churubusco 46723

Columbia City

(*Zip Code* 46725)

Hamilton, Mrs. Thomas G. R.R. 3, Box 508
Langohr, Mrs. John L. R.R. 3
Lehmberg, Mrs. Otto F. C. 706 West Park Dr.
Reid, Mrs. Donald B. West Park Dr.
Roth, Mrs. James R. 323 N. Chauncey St.
Thompson, Mrs. Frank M. 526 E. Jefferson
Vogel, Mrs. John L. Grove Park
Wait, Mrs. Jerome H. R.R. 5
Wilson, Mrs. John S. R.R. 3

Stalter, Mrs. Gaylord W. North Webster 46555
Garber, Mrs. Paul A.
305 E. Seminary, Greencastle 46135
Huffman, Mrs. Verlin P.
701 State St., South Whitley 46787
Mishler, Mrs. Joe B. Pierceton 46562

MEMBERS-AT-LARGE

Advincula, Mrs. Luis 1 Advincula Dr., Brazil (Clay) 47834
Apple, Mrs. Eddie R.
503 W. Market St. Salem (Washington) 47167
Artz, Mrs. Richard W.
606 Darling, Angola (Steuben) 46703
Bacala, Mrs. Jesus C.
878 N. Gardner, Scottsburg (Scott) 47170
Beardsley, Mrs. Frank A., Jr.
900 Eastwood Dr., Frankfort (Clinton) 46041
Beardsley, Mrs. Frank A., Sr.
751 E. South St., Frankfort (Clinton) 46041
Bloomer, Mrs. Richard S. 502 York St. W., Rockville (Parke) 47872
Brockman, Mrs. Wilfred J.
R.R. 5, Box 27, Corydon (Harrison) 47112
Coddens, Mrs. Avery L. ..R.R. 1, Fowler, (Benton) 47944
Compton, Mrs. George L.
221 N. Independence, Tipton (Tipton) 46072
Davis, Mrs. Claude E.
209 Superior St. (Angola) 46703
Eiler, Mrs. Paul 1404 E. Heckathorn Dr. N. Manchester (Wabash) 46962
Ericson, Mrs. Harold L. ...Box 366, Windfall 46076
Evans, Mrs. Fred J. 226 S. 3rd St., Clinton (Vermillion) 47842
Farag, Mrs. R. S. 68 E. Third St., Peru 46970
Flora, Mrs. Frederick
950 E. Armstrong St., Frankfort (Clinton) 46041
Fong, Mrs. Theodore C. C. ...316 Bellaire Dr., Madison (Jefferson) 47251
Fugelso, Mrs. Erling S.
207 Heritage Rd., Bloomington 47401
Haller, Mrs. Robert L. ..Box 26 Kempton, (Tipton) 46049
Hanneken, Mrs. V. J. 119 Highland Dr. Wabash (Wabash) 46992
Hathaway, Mrs. Clayton B.
410 N. Broadway, Butler (DeKalb) 46721
Hisrich, Mrs. Lloyd W.
6 Henry St., Batesville (Ripley) 47006
Hoffman, Mrs. Max
227 Elm Dr., Covington (Fountain) 47932
Hollenburg, Mrs. Edward L.
501 Huddleston Rd., Winamac (Pulaski) 46996
Hopkins, Mrs. L. H. Box 414, Versailles (Ripley) 47042
Huckleberry, Mrs. Irvin E. Box 291 Salem (Washington) 47167
Jinnings, Mrs. Loren P.O. Box 540, Auburn (DeKalb) 46706
Kincaid, Mrs. Raymond R.R. 1, Tipton (Tipton) 46072
Kurtz, Mrs. W. A. R.R. 1, Tipton 46072
Lynch, Mrs. Otis R. Marengo (Crawford) 47140
Manifold, Mrs. Harold 1100 Brooks Dr. Bloomington (Monroe) 47401
Martin, Mrs. Samuel W. ..Box 138, R.R. 1, Corydon (Harrison) 47112
Mason, Mrs. Donald G.
416 E. Maumee, Angola (Steuben) 46703
May, Mrs. R. Milton ..Laconia (Harrison) 47135
McCalla, Mrs. Charles X. R.R. 1, Paoli (Orange) 47454
McClain, Mrs. Marvin L.
384 E. McClain, Scottsburg (Scott) 47170
Mehne, Mrs. Richard G.
R.R. 1, Brazil (Clay) 47834
Middleton, Mrs. Thomas O. 210 Gilbert Ave., Bloomington (Monroe) 47401
Monticello, Mrs. Antolin M. 1201 S. Main St., Clinton (Vermillion) 47842
Omstead, Mrs. Milton
110 S. Sixth St., Petersburg (Pike) 47567
Painter, Mrs. Lowell
507 S. Main St., Winchester (Randolph) 47394
Pearson, Mrs. William E.
290 N. Wabash, Wabash (Wabash) 46992

Petrich, Mrs. Peter
409 E. Washington, Attica (Fountain) 47918
Rendel, Mrs. H. E. Holiday House, R. 3, Peru (Miami) 46970
Reyes, Mrs. Diego R.R. 2 Baguio Forest, Peru (Miami) 46970
Riley, Mrs. H. Schirmer
440 Fairmont Dr., Madison (Jefferson) 47250
Ros, Mrs. George A.
R.R. 4, Rolling Hills, Warsaw (Kosciusko) 46580
Rosero, Mrs. M. Kewanna (Fulton) 46939
Salvo, Mrs. Atee S.
405 N. Monroe, Williamsport (Warren) 47993
Schantz, Mrs. Richard
418 S. Kentucky St., Remington (Jasper) 47977
Schell, Mrs. H. Richard
1401 Maxwell Lane, Bloomington (Monroe) 47401
Schoolfield, Mrs. William E.
543 S. Maple St., Orleans (Orange) 47452
Schrepferman, Mrs. Wayne
R.R. 2, Hamilton (Steuben) 46742
Scott, Mrs. Irvin H. 320 W. Washington Sullivan (Sullivan) 47882
Seat, Mrs. Marshall H.
310 Hefron St., Washington (Daviess) 47501
Seward, Mrs. George 201 W. Main St., North Manchester (Wabash) 46962
Sixbey, Mrs. M. Dean
Box 68, Chili (Miami) 46926
Sloan, Mrs. W. Keith
340 Burton Ln., Madison (Jefferson) 47250
Snyder, Mrs. Parker W. 159 W. Sixth St., Peru (Miami) 46970
Sparks, Mrs. Paul R.R. 2, Winchester (Randolph) 47394
Stephens, Mrs. Lowell R. P.O. Box 185, Covington (Fountain) 47932
Stoops, Mrs. Jean T. 563 N. Miami, Wabash (Wabash) 46992
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